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Marriages*

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A THOUSAND MARRIAGES



*MEDICAL ASPECTS OF HUMAN FERTILITY*  
*SERIES ISSUED BY THE*  
*NATIONAL COMMITTEE ON MATERNAL HEALTH, INC.*

# A THOUSAND MARRIAGES

A Medical Study of  
Sex Adjustment

BY  
ROBERT LATOU DICKINSON  
AND  
LURA BEAM

FOREWORD BY  
HAVELOCK ELLIS

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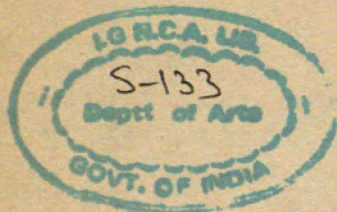
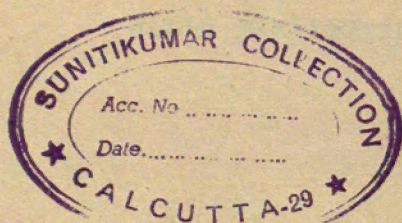
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## FOREWORD

THE STUDY OF SEX and of that marriage relationship which is its most important social manifestation is still recent. On the psychological side, indeed, it was only with the present century that the study of sex was placed on a widely normal and reasonably scientific foundation. Before then it was either ignored, shunned, or taken for granted, with many results that we are beginning to realize. It was in the German-speaking lands that the modern scientific study of sex may be said to have had its origin, on the one hand among psychiatric investigators like Krafft-Ebing, Moll, Hirschfeld, and Max Marcuse, gradually developing in general medical and sociological directions and leading on to the popular movements of psychoanalysis; on the other hand among ethnographers, and culminating in the splendid monument of Ploss and Bartels, *Das Weib*, now in its eleventh edition as edited by Reizenstein in three richly illustrated volumes. But these investigations led to no wide study of normal civilized conditions in the methodically statistical forms which may lead to fruitful conclusions and definite progress. An investigation of sex activities and sex relationships among fairly normal people, on a sufficiently large and systematic scale to be treated statistically, is quite new, and the most carefully conducted and most illuminating studies, as we may probably consider them, have been carried out in what is commonly and perhaps not unreasonably called the Anglo-Saxon culture. We owe them to American investigators who have worked among the people of the United States. There is Dr. Katharine B. Davis with *Factors in the Sex Life of Twenty-Two Hundred Women*, and Dr. G. V. Hamilton with *A Research in Marriage*, both these volumes being published in New York in 1929. Dr. Davis began her study in March, 1920, publishing the findings in journal form first; while Dr. Hamilton's observations were carried on between October, 1924 and April, 1928.

These two investigations were unlike in origin, method, and



material. Dr. Hamilton approached the matter as a trained psychiatrist undertaking the examination of persons who were according to ordinary standards normal. His subjects were one hundred married men and one hundred married women (not necessarily husbands and wives to each other), who were well above the average in intelligence and social position. He prepared elaborate and systematic series of questions, covering the whole field of the sexual life in much detail, and these questions were submitted to the subjects to be answered under his personal supervision; the subject being, however, left free to answer, without cross-examination and without any physical exploration, so that some questions were left unanswered, some answers were obscure and occasionally contradictory, while the psychic and physical syndromes of the subject were not positively demonstrated. Dr. Hamilton's elaborate results were treated exhaustively, and though the figures are sometimes too small to be conclusive, it is impossible not to admire the judgment and moderation displayed in suggesting conclusions. This investigator is profoundly impressed by the genius of Freud, but is cautious with regard to psychoanalytic methods, as he holds to the ideals of scientific realism, accepting subjective phenomena as experienced by the person reporting their occurrence, so that while his conclusions may be admitted by the Freudian who might himself wish to go further, they remain valid for those who criticise psychoanalytic methods, and who will not fail to be impressed by many of the facts brought out, all the more interesting since some of them concern almost the youngest married generation of to-day.

Dr. Katharine Davis' *Factors in the Sex Life of Twenty-Two Hundred Women* is a non-medical inquiry from the sociological standpoint. Like Dr. Hamilton's work, it was carried out on presumably normal persons, who were not, however, investigated in personal contact but by means of a *questionnaire*. This, there was ground to believe, was generally answered in a painstaking and conscientious manner. The subjects included about a thousand educated married women and about a thousand unmarried college women. The replies were statistically sum-



marised without any desire to prove a thesis, but with a general intention to set out impartially the facts of the sexual situation in women to-day, and to illuminate, if possible, the influence on that situation of the varying kinds of sexual enlightenment or its absence. A number of interesting facts emerged.

Neither Dr. Hamilton's study nor Dr. Davis' involved any physical investigation. But sex is first of all a physical fact, and the relationship of sex is primarily and fundamentally a physical relationship. The report of a gynecologist, even though he is necessarily limited to women who come to him in the first place as patients, becomes, therefore, essential if we are to have an all-round picture of the sexual situation to-day. It is here that Dr. Dickinson comes before us, aided in the presentation of his work by Miss Lura Beam. He brings us up to the same situation as Dr. Hamilton and Dr. Davis, and his conclusions are in the main concordant with theirs, but he approaches from the opposite side. He is in the first place concerned with that physical situation which they were usually compelled to ignore or to take on trust, and his investigation of the accompanying psychic situation is therefore secondary, and, as it were, accidental in relation to the primary investigation, although it may lead up to facts that are essential for the understanding of the woman's whole situation. Thus it comes about that, notwithstanding a psychic investigation much less thorough and elaborated than that carried out by the other two inquirers, Dr. Dickinson's presentation of the situation is more comprehensive. It differs importantly in that respect from the studies of most previous gynecologists, who have been content to view more narrowly the problem before them as confined to the state of the sexual organs, and have less broadly envisaged the woman's whole sexual relationship in life as a member of a civilised community. This alone would serve to impart value to the work here presented.

There is a further important respect in which Dr. Dickinson's investigation differs from that of inquirers who, however scientific and detailed their exploration, are compelled to limit it to a single moment in the lives of their subjects. No one always feels the same; everyone tends with the course of years to a change of



attitude, and not only towards the outer world but also towards the inner world. Dr. Dickinson, as a physician, has frequently had the opportunity of questioning the same patient on the same point at intervals of many years. The answers thus received are full of interest, and not least so when, as sometimes happens, they reveal extraordinary discrepancies. Not only do our experiences change with the years but our opinions and beliefs concerning those experiences change; and we cannot attain to a true vision of the sexual life, or of life generally, unless that fact is present to our minds. We may here trace the evidence for it.

Beyond its value as a large collection of precise data on both the physical and psychic sides by a distinguished gynecologist of long experience, it is the attitude toward life, here revealed, on which I should especially like to insist. When I was a student, as I have often recalled, not only was the gynecological instruction I received strictly confined to the physical aspect of the subject but the further outlook of my teacher was obviously narrow; I recall that he only once went beyond the physical sphere of gynecology and then it was to warn us of the evil effects of contraception, not yet called by that name. Nothing was said of any discrimination here to be exercised, not a word as to any advice we should be able to give to those embarked, or about to embark, on the difficult and dangerous sea of matrimony. Indeed, in the gynecological outlook of these days—and, I am assured by students, still frequently in that of to-day—it was assumed, without question, that the whole matter was very simple, and that there was here a “normal” path too well known to need specifying, though it was still necessary to utter a brief and solemn warning against any deviation to the right or to the left of it. I had to discover slowly and laboriously for myself that this rigid rule of simple normality had no general existence, and that, even so far as it existed, it was often undesirable; that in reality there is a wide natural range of variations all legitimately to be admitted within the limits of normality. So that, so far from the physician’s proper function in this matter being limited to the making of an assumption and the uttering of a warning, it was his duty to be prepared to consider a great number of



possibilities, to give advice which could not fail to touch delicate problems, psychological and social, extending far beyond the sphere of gynecology and medicine generally. To-day that is beginning to be recognised, though even yet I confess that I experience a shock not merely of pleasure but of surprise when I come on a presentation of these questions so scientific and so sane in its recognition of the real facts, so wise and tolerant in its attitude towards the variations which come within the range of normality, as I find in the searching and comprehensive investigation here presented to the physician.

Perhaps the first instinctive reaction of many readers to this work will be one of sadness and pessimism. The probing of the marriage situation here carried out reveals so much pain and disturbance and maladjustment. In an unforgettable story, "Les Amants de Tolède," which Villiers de l'Isle Adam included in his volume of *Histoires Insolites*, we are told how Torquemada, the Grand Inquisitor, married a young and loving couple and had them enclosed in the Chamber of Happiness to spend the first forty-eight hours of the honeymoon together. He told them beforehand that they would bless him for giving them to themselves, that is to say to God, and so enabling them to live ever afterward the ordinary human life. Thereupon, at the Inquisitor's orders, the surprised and stupified young couple were swiftly unclothed, bound face to face, pressed together by bands of perfumed leather, and so left alone, heart to heart, on the nuptial couch, to their intense joy. "Ah! If this could only last through eternity!" they sighed. But the embrace only lasted forty-eight hours. The young couple, livid, haggard and trembling, were given a very necessary bath, and the Grand Inquisitor appeared at the door of the Chamber of Happiness: "My children," he said, "you have now passed the hard test of happiness. I give you to life and to love." We are told, I seem to remember, that they never sought another embrace for fear it would last as long.

I have never been so vividly reminded of that parable of the Lovers of Toledo as when reading some of Dr. Dickinson's true histories. We see, again and again, the conjugal partners shut



up in the Chamber of Happiness to enjoy what is conventionally supposed to be the most intimate of all relationships. And often they are found to be merely two strangers, bound together in a forced familiarity which is apt to be extremely awkward and painful for one or both parties, especially when they are too shy and too embarrassed to discuss the situation in which they find themselves, even though sometimes a few words would make the whole position easier. "If I had only known!" is the exclamation we are constantly meeting. "If I had only known!"

As that exclamation alone reveals, our final impression will not be pessimistic. It may be true, as Keyserling has argued, that there must always be an element of tension—though we need not, with Keyserling, call that tension "tragic"—in so intimate a relationship as that of marriage. Yet the largest part of the troubles of marriage and of the perils of sex is due merely to ignorance and superstition. And as it is to so large an extent women who are the victims of this ignorance and these false traditions, a precious instrument for good is placed in the hands of the gynecologist who understands the full scope of his functions. It is indeed a constant source of wonder to find how easily a few understanding words can lift a weight of suffering from an unfortunate patient who for years has been befooled by some false notion of "sin" or "abnormality." Life must always be an art, but in no sphere is this more true than in that of love and sex; nowhere else do rigid, unnatural, and immoral (that is to say anti-social) notions prove so disastrous as in this; nowhere else is the sensitive flexibility of art more wholesome and more life-giving.

It is scarcely necessary nowadays to emphasize this general proposition. Even in the sphere of sex it is becoming recognised. In many of the instructive cases presented in this volume, extending back to a past generation, we can trace unhappy ways of thought and feeling which we recognise as not belonging to our own time. That fact is not only an assurance for the future but the guarantee that the wise and skilful counsels based on a long experience, which are embodied in the investigation before us, deserve our full confidence. The old notion that the physician



must limit himself strictly to the cure of diseased conditions, and refrain from approaching those wider matters which, as he more and more clearly realises, are intimately related to diseased conditions, is now receding into the past. As Goldberg has recently said (in the *Zeitschrift für Sexualwissenschaft*): "If the physician limits himself to the treatment of disease he is leaving undone a large and splendid part of his work for the welfare of the community. It is far more praiseworthy to prevent disease and to act as medical adviser in the education of the whole people." This first considerable medical analysis of marriage in its widely human relationship, here presented, concerns every physician who is called upon to give advice in matters of sex, in or out of marriage.

HAVELOCK ELLIS.

*Herne Hill, London,*  
*20 April 1931*



## INTRODUCTION

IT IS FORTUNATE that detailed study of marriage began with normal people, and not, like the early case histories of sex behavior, with the abnormal, the Krafft-Ebing psychopaths. The marriage study thus sounded a note of felicity and success where the other roused echoes of repugnance. Thus the analysis by Katharine Davis of the anonymous answers from a thousand wives of an educated class reported happiness in eighty-seven per cent. Let us repeat it. Unequivocal happiness in eighty-seven per cent. The Hamilton group, though it was overweighted with the maladjusted, yet showed three-fourths who, knowing what they knew, would wish to marry if unmarried; and more than two-thirds who, if they could press a button and find they had never been married to the spouse, would not press the button. This new Dickinson-Beam series presents no average picture. It is overloaded on the side of trouble by the number who came for advice for marital predicaments; nevertheless it should leave the reader with the feeling that a large part of the difficulties are preventable, and call aloud for such action as will help forestall the blundering and misunderstanding that riddle these histories. Indeed, from the standpoint of the physician, if it fails to produce some results in action, the study is waste paper.

As part of its general program the Committee on Maternal Health considered that it was time to make an experimental beginning on an intimate study of marriage, even though the material available for analysis comprised somewhat haphazard and rather imperfect collections. Such experiment was felt to be warranted whenever there was at hand any long series of medical histories containing a goodly number of reports on conjugal adjustments, because such a collection is believed to be rare. Therefore the Committee, after studying the four groups of long-period records offered, selected the most careful and most detailed, the one on which this book is based.



The present volume is built on the very full private histories taken down in person by a specialist in obstetrics and diseases of women who kept the point of view of the family doctor. These records cover nearly half a century, with entries running from childhood to old age, the average couple having been watched for seven years. It draws on a city practice wherein the typical individual is a well educated American married to a professional man and having two children. The histories had been very completely indexed and were freely illustrated with drawings, and wherever questions of the sex life were concerned, the anonymity had been carefully preserved through separate recording. In personal quality and vividness this material differs somewhat from returns drawn from a questionnaire.

The general health and circumstances and fertility of wife and husband are studied, and symptoms and diagnoses, pelvic disorders and labors are classified. Attention not found elsewhere is given to anatomical variations in internal and external genital organs and concerning the interrelation between local findings and any particular sex practice. Among the figures on averages and extremes of sex behavior the data on intercourse show some novel material, such as duration of intromission and orgasm. Control of conception, and abstinence, and their aftermaths appear, as well as the proportion of responsibility undertaken by one or the other partner.

The various groups are classified according to their adjustment to marriage. Each group is worked over with a detail that covers conditions of living, health and fertility, past sex history and present mental and physical qualifications for success or failure, with rather numerous quotations of the expressions used to describe attitudes and actions, and with sample histories to close each chapter.

The first group to be studied are the beginners, the brides, with their frequent erotic confusions, less in these days than of old. Next the frigid woman and passionate woman are analyzed very fully, because the hundred of the one kind and the thirty of the other are held to furnish the best explanations or clues to the situations at any point along the scale between—or, as the author



would prefer to say, at any point along the *circle* of feeling,—“inconsistent, life-long, fluctuating” feeling. Capacity for sex response and its dependence on earlier life, on premarital instruction, on the amount of common knowledge possessed by husband and wife and on his skill and technique, are some of the pressing problems investigated.

The chapters grouped under the heading, “The Affirmative” take up “Adjustment in Marriage,” “Fertility” and “Widows.” Then two hundred wives in a control group are considered. “The Negative” has to do with “Fear,” “Substitution and Compensation,” “The Conflict of Education,” and “Separation and Divorce.” Part V is the “Interpretation,” recurring again to passion and frigidity, the alternations between the two and their significance, and the relation between special sensation and the woman-as-a-whole. A summary winds up the book, with interpretative conclusions.

The question of how much detail is desirable has been answered by following the example of celebrated medical scientific authors.

A relevant principle seems to be that studies in new fields—or even studies in old fields carried on by a variant in method—call for a goodly degree of elaboration. Whenever an inquiry enters into territory never systematically surveyed, or takes up a collection of records novel in kind or number, the data on which deductions are based or plans of action formulated should be rather fully presented. Osler insisted on submission of *all* the facts. Cullen published his notebooks on cancer and on fibroids, Schottländer printed a thousand histories of uterine cancer, and Cushing made elaborate use of case histories in describing pituitary disturbance. These are notable examples of a method which enables others to evaluate the material and check up on the conclusions. Such treatment is particularly desirable in any matter involving age-long tradition or religious dogma, general reticence or emotional attitude, personal bias or an individual experience that must necessarily be limited.

The bearing of these considerations on the presentation of the results of analysis of hundreds of sex histories is evident. They



influence three difficult decisions. One has to do with fullness of circumstance regarding sex behavior. The second is concerned with relative completeness of individual "type" histories. The third involves discovery of a formula for adequately presenting such data with a minimum of danger of revealing identity on the one hand; or of distortion of the picture, on the other, through removing so much context and background that the sex factors are given undue prominence.

A middle ground has been sought for this presentation of a complex subject. At one extreme is restriction to colorless and complicated tables of statistics, or to schedules of elaborate lists of answers. From such books the teacher of morals or health has usually to evolve for himself a scheme of diagnosis or instruction. Authors who avoid even tentative conclusions are nearly as unsatisfactory as the writers of the elaborate stock text-books on sexual morality. Our middle ground is an attempt at investigation, and conclusions after investigation, couched in language as reserved and technical as is consistent with adequate submission of evidence and clarity.

Furthermore, the search for and understanding of the natural history of sex union;—of the physiology of bodily expression of enduring love;—of the norm of the growth and the maintenance and the decline of passion, call for case records containing rather full entries of recalled feelings as well as of findings at examination. These entries must be made at reasonable intervals; say not longer than five years apart. They should cover the lifetimes of very many individuals, husband and wife together. The critical stages, such as sex education, first arousing, engagement, first year of marriage, the danger zones of financial burden and child guidance,—and the opposite, wealth and irresponsibility,—need to be subjects of special report. So also should such failures as divorce and adultery. The story seems to put a quietus on the claim that here "Nature is sufficient guide." Such was standard teaching when the gathering of these records began and the results may be noted. The inhibitions of the newer generation and its shocks are notably fewer. This, however, excuses no physician from failing to offer or provide



premarital instruction to those young people to whom he stands in the relation of advisor.

There still remains to be undertaken much study of first-hand material about marriage, in couples observed for lifetimes. It is time physicians with well balanced qualifications made inquiry into human pelvic anatomy and sex physiology; into health and sickness and mental and emotional adjustment in their bearing on marriage customs and intimate behavior—conducting such inquiry by modern methods of full clinical records, and in a way which permits such medical analysis to be related to social, religious and educational studies.

The stress of such studies must fall on the search for the factors that make for successful monogamy. This the books in our series attempt to do by their inquiry into attitudes of mind, adaptations, varieties of methods of adjustment, and, above all, reports on end results wherever known. Two goals are always in mind: one of general sex education; the other a specific program for conjugal hygiene.

Upon a foundation of physical fact, bound up with wholesome emotional and spiritual experience, rest those positive and constructive forces which alone can minimize divorce, adultery and prostitution. A hygiene of marriage, as one section of public health work and preventive medicine, can do its part in training people in sane choice of mates, can lend aid in adjustment to marriage and, above all can further stability of union.

The present book is one of a sequence. It forms part of the plan of the National Committee on Maternal Health, Inc. to study those medical aspects of human fertility which present urgent and relatively neglected problems. In the past eight years the Committee has initiated or fostered a number of laboratory researches and many clinical studies, and carried on a steady investigation and clearing house service in its chosen subjects by personal inspections here and abroad, by correspondence and study of the literature, and other records. Some eighty current reports have been issued, and a dozen volumes

are either published, in press, or well advanced toward publication, dealing with the following topics:

- I. The actual sex life of social and normal persons, married and single, as revealed in medical case histories, studied from the point of view of preventive medicine. (Three volumes).
- II. Human sex anatomy and physiology. (One volume)
- III. The application of the foregoing to premarital medical instruction and conjugal adjustment. (Three handbooks)
- IV. The medical control of fertility; including contraception; sterilization, therapeutic and eugenic; abortion; and the care of involuntary sterility; with consideration in each of history; indications; technique; clinic administration; together with medico-legal and medical-social aspects. (Five volumes, including four handbooks and a source book.)

The committee wishes here to acknowledge with deepest appreciation the generosity of its supporters, the small group of individuals who, led by Mrs. Minturn Pinchot, have helped it from the beginning in 1923, and the Bureau of Social Hygiene, Inc. whose subsidies in 1925, 1929, 1930 and 1931 have made its steady progress possible.

This book is a treatise on *diagnosis*, a medical study of symptoms of disorder, not therapy. Before education to avert maladjustment can be discussed with profit, the evidence from the study of the single woman must be submitted. Thereafter, the practical applications and programs drawn from these studies will need a separate volume on prevention and treatment. (These books are well advanced.)

To this book R. L. Dickinson contributed the material in the form of his carefully recorded observations, and he wrote Chapter IV. L. E. Beam contributed the analysis of the material; its structural organization, the writing of all but the single chapter; and an interpretation influenced by professional study and experience in the field of education. Practically the authors



accept in each other frequent divergence in opinion. Theoretically they accept equal responsibility.

Editorial responsibility, including the preparation of tables and charts and seeing the manuscript into the publishers' hands and through the press, belongs to Dr. Bryant, Executive Secretary of the Committee, who was aided by Mrs. Cecile H. Matschat.

The manuscript was submitted to the Directors, who voted their approval and permission to issue the volume as a committee publication. A number of other persons, medical and lay, saw the manuscript, so that in all thirty individuals read it. The text in its final form was approved by a sub-committee on publication:

GEORGE W. KOSMAK.

ROBERT T. FRANK.

RANSOM S. HOOKER.

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PART ONE  
SOURCES, METHODS, THEORY, NORM

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## CHAPTER I

### THE SOURCES

DURING forty-seven years' practice a physician gathered evidence about the interrelation of sex experience and pelvic disease, combining detailed observation of genital anatomy and listening and questioning upon the intimate life. Copious data of medical interest were filed, indexed and used in gynecological and anatomical research. Their collection was influenced by a highly personal setting. Therefore, without formal psychological framework, much subjective evidence given in times of emotional crisis and colored by a sympathetic appreciation accumulated. Data from married women were gathered during a period which witnessed important changes in social tradition and behavior. They are classified into brides, widows, separated or divorced women, and those wives who had presumably arrived at an equilibrium in marriage. Half of the last group makes no complaint about sexual adjustment; the others cite difficulty, usually their own coldness. Medical history and gynecological treatment are abbreviated in favor of selective abstracts bearing directly on marital adjustment. The reliability of these data is of three kinds: The subjective narratives, told spontaneously at the peak of experience, are illusive. They are profoundly true though they may be superficially false. The objective facts are of the ordinary statistical worth. The interpretation is sharply separated from these classifications and is subordinated to the presentation of facts.

A BOOK which has to do with the inner life explains as a matter of course, the sources and setting upon which interpretation depends.

Figures are not necessarily true. Neither are classifications, since the mere making of one means that the data must go into it. The more valid source material is that coming directly from the patient. But the patient is really the secondary source. Fully to comprehend the human material makes it necessary to



take into account the primary source, the doctor, who is the questioner and recorder. The personal element thus involved corresponds to the statistical process of weighting the data. It acts toward belief as an explanation and a corrective. It puts basic means of evaluation into our hands.

The physician who provides the records for this narrative graduated in 1882, began his work as a general practitioner of medicine, and continued in this field for ten years. Although he started to develop a specialized preparation in obstetrics and gynecology after the first two years, he has always tried to keep the point of view of the family doctor. From 1884 to 1910, he worked chiefly as obstetrician. During one year of this period he dropped gynecology for an operative service in general and abdominal surgery; and from 1897 to 1924 had a varied experience in pelvic surgery of women. Since 1924 he has worked only at selected problems, having retired from active practice to the guidance of research in medical aspects of fertility.

In a total working period of forty-eight years, of which nearly forty were devoted to work in gynecology and obstetrics, there were forty-two years of service in several large hospitals; seventeen years of teaching obstetrics and gynecology; much work in hospital organization, and the societies of his specialty; observation of foreign medical procedures; and the writing of papers and medical texts. The major professional interests appear as anatomy, pelvic diagnoses, office practice, surgical craftsmanship and hospital and office case records.

The knowledge and technique of all these years were centered upon the patient as an individual. This chapter purposes to show how the personal data come into significance.

#### DEVELOPMENT OF THE CASE HISTORY OF SEXUAL EXPERIENCE

One value in any such record lies in the analytical exactness with which material about the patient was observed and recorded.

For some years the patient was required to bring to the first appointment an 8½ x 11, four page, closely printed questionnaire, filled out, which accounted for family and general history as well as particular illness and special symptoms. (Appendix A.)

During the most active practice the patient was not received until this information was submitted in writing.

As they discussed the symptoms, the doctor underlined in red, important points in the general history which became the basis of a condensed medical history. He noted background, history of the symptoms, diagnosis and treatment, recording fluctuations, visit by visit, as long as the women remained in his care. Ninetenths of all the records are in his handwriting. Every step of pre-natal care, the stages of confinement and after care, the details of every operation, both technique and result, were set down. The patient often received her diagnosis and later an account of her operation in writing. Drawings of the anatomy and processes concerned were made from measurements with a view to accuracy and comparability. Five drawings,—the uterus, the cervix, the vulva and two illustrative of the pelvic difficulty,—are the minimum; the maximum is sixty-two and the average is estimated as twenty. These are scattered as comment through the whole story. Additions from year to year over a long period, reports of laboratory examinations and consultations frequently bring the total history to 3,000 words.

In the course of questions about habits of eating, exercise, hours of sleep, work and recreation, personal matters mingled naturally with purely medical entries. The cause of insomnia and the weight of family responsibility not infrequently had their roots in the sexual life. The patient could not get married ~~because~~ she had to support her mother and she could not sleep because she was worrying about the break with her fiancé. Her body's reaction to these burdens seemed to be the painful menstruation for which she wanted relief.

Repetition of this experience ~~made~~ the doctor think of transposing the terms, and if the next patient had an unexplained ache he might ask if she had a love affair. It could also happen that a woman alienated by her husband's misbehavior would burst out angrily with a complete story of her sexual wrongs. A quite soon familiar sequence was the patient, very grateful after confinement, or cure of sterility, finding courage to inquire about other aspects of marriage. The frank speech with which



the tenement house in a large city meets the young doctor was contributing all along to an understanding of the interrelationship of sex and gynecology. Later, whenever it promised to be relevant the doctor began definitely to ask for the patient's sexual experience. Finally, a brief question as to sex adjustment became a routine part of the married woman's history.

Traced carefully case by case, the degree of frankness of the record has some relation, often a direct proportion, to the doctor's technical skill exercised in a situation which the patient regards as perilous. For example, one of the most complete and notable histories of the sexual life of a couple was written by the husband while the wife was still in the hospital; he was grateful for a difficult diagnosis proven by the follow-up.

The first sex history as such was written in 1890. The sex history was a third document, a sheet or set of sheets, written separately from the medical notes, filed elsewhere and hidden under a number, without a name. It was in the doctor's handwriting, often in shorthand and by his own special code, and at times in stenography reversed like mirror writing. Only brief notations and matter involving dates and figures were written in the patient's presence; those of acknowledged sexual maladjustment and of reasons for divorce were exceptions. Details were jotted down between patients or after office hours or when traveling about between cases, always on the same day, and always as much as possible in the patient's own words. Some were frankly taken down at the patient's dictation.

Before each visit of the patient, both the medical and the sexual history were looked over and this re-consideration resulted in search for missing data, corroborating evidence, cross-checking and even complete repetition as a test of truthfulness, and so on. The comparison of present memory of long past events with the fresh memory, as recorded, was made a number of times. The husband's story sometimes came to be added to the wife's. Members of the same family were rarely asked for opinions about each other. However, resemblances in anatomy and pathology laid the foundation for studies of similarity in mothers, daughters, sisters and first cousins.

The routine procedure by which the histories were collected is a part of their meaning. The patient's first visit lasted nearly an hour. The summary of information which she brought was discussed for some twenty to thirty minutes; examination then took ten to fifteen minutes and further discussion the rest of the time. Two nurses were in attendance. There were two examining rooms and in effect a second waiting room. Patients were seen by appointment from one to seven o'clock, an average of five days weekly. A secretary kept records of diagnosis, important symptoms and complications; and these were cross-indexed every second day.

The waiting room proper was a large sunny room on the first floor of a private house. The familiar heavy furniture, dark upholstery, ornate lamps, and print of the Parthenon of doctors' waiting rooms were regarded as depressing influences. To create a cheerful atmosphere the rooms were well lighted, curtains were red, chairs were comfortable, magazines and picture books were new. Richard Harding Davis and H. C. Bunner had pioneered with the short story by now and current short story collections—French, Russian and English as well as American—were more popular than magazines. Pictures on the wall were always in color—sometimes German or Japanese prints, again Dutch interiors. Flowers were abundant and there was an aquarium. A few dolls in costume, put in the room for diversion to help pass the time—they could be handled if desired—proved so amusing to patients that they grew into a collection of over a hundred native dolls from various countries and provinces, finally given to a museum.

When the patient lay on the table in the examining room she often commented about the pictures on the ceiling. They were in color and, like those in the waiting room, were occasionally changed. Their first appearance followed the prolonged sessions of the doctor with his dentist's ceiling. He thought the drilling would have hurt less without the concentration on a blank surface.

While examining a patient, the doctor made brief notes of the findings, and entered on the record crayon sketches in color. He never followed the custom of dictating to the nurse so that the



patient could hear. His technique was in his hands as well as his eyes, and he both talked to, and looked at the patient as he examined.

After dressing, the patient returned to the doctor's small office and sat in an arm chair facing the doctor's desk. She was also facing a large picture hanging on the wall, a colored reproduction of one or another of the Italian madonnas. In the latter years of practice this interval was when she gave the facts of her sex history. These calls of the patient were only occasionally prolonged and then at the end of office hours. The doctor had scant time for protracted talk and tried to head off patients who had what he called the "office habit."

It is important to the interpretation that the doctor remembers with photographic exactness gynecological details about his patients. Cases actively under his care at the moment, old patients, and all patients with a distinctive history of diagnosis, treatment or operation, he habitually recognizes from the drawings alone. Asked if he recalls a certain case—the first recollection is invariably technical: "Yes, she had membranous dysmenorrhea" or "Very well; she wore a pessary unwatched, with no harm for five years."

The material continued to accumulate through visits and through years, much as Thoreau's observations about the weather and the woods mounted, winter by winter and spring by spring. While the patient lived the doctor never regarded the case as "closed." The story rambles as the patient rambles, and repeats as the patient repeats. Before editing, the cumulative effect is that of any transcription by the stream of consciousness method. It seems, first hand, repetitious and contradictory; that is, it has these earmarks of genuineness.

The filing system which grew parallel with the case histories is an elaborate card index system of the medical data, diagnoses, complications, chief symptoms, anatomy, the full London College of Physicians' nomenclature and numbering starting in 1893. It has detailed anatomical and pathological subdivisions which were always being extended. The file about the vulva for instance is subdivided as hymen, vestibule, fossa, fourchette, per-

ineum, meatus, clitoris, prepuce, labia majora, labia minora, with the forms and disorders of each. There are similar subdivisions for pelvis, bladder, uterus, ovaries, tubes, vagina, menstruation, labors and abortions. Another file covering the bibliography of the twin specialties followed the same order as the case index and both were cross-referenced. Operations were kept in a separate file, similarly classified. No file about the subjective data was ever made, except that in recent years folders, full of clippings, references and data on engagement, pre-marital examination, frigidity and coitus, accumulated.

#### THE POINT OF VIEW

The doctor's utilization and publication of the data has been chiefly concerned with its anatomical and pathological side, as well as diagnosis, treatment and certain discoveries. The personal quality in the material had helped, by and large, to mould his judgment but the details of it were disregarded while the doctor followed scientific interests of the objective sort.

Seen as a whole the case histories reveal a consistent study of the theory of inter-relationship between the sexual life and the disorders peculiar to women. The doctor's interest in this not new idea was its extension to new boundaries, and its more exact application; his gradual formulation of the concept, though unequal and never explicit, may be found in the records, and is a matter to be taken into account in any appraisal of his work as a whole.

A second clue to an understanding of method is the doctor's fundamental belief in the objective cause. He went on the basis of hunting first the easiest explanation, namely a physical cause for each physical result. Until he had determined that no adequate physical basis, such as an infection or a birth injury was present, he did not turn to the clue of emotion. He held to this procedure in diagnosis even in neurasthenia. The few exceptions are startling because they involve scenes and unpleasant truths. When he became convinced of malingering, he discharged the patient and told her why. The process of searching the mind, although second in order, was yet the other half of his diagnosis.



With scant reading of psychology, no formal study nor even the student's exploration into the field, the doctor regarded the patient as a whole. Posture, manner, expression and even reticence were evidence quite as telling as the uterus, the ovaries and the external genitals. When the whole story told in words agreed with what the body revealed at the first examination, the doctor did not pursue his inquiry. But when the patient said one thing and the pelvic findings another, then ensued the most prolific of the evidence, for he investigated until he had decided which to believe. He knew nothing about psycho-analysis, had read none of its books, had no acquaintance with the methods, knew no analyst, and seems to have been skeptical about such fragments of it as are thrust into the consciousness by general reading. He had not, for example, known the Freudian theory of dreams; his own questions about dreams came about as an inquiry into the sexual rhythm. If a patient had no sexual pleasure in coitus with her husband, did she have dreams about it, with him, or with any one else, did those dreams stop short of climax or did they proceed to orgasm?

While the doctor was non-committal about the past and evidently seldom voiced his unfavorable judgments of the present, he brought forward certain principles and pointed out consequences. His observation of the health of women led him to think that it was bound up with their happiness. Happiness in turn was bound up with love, their best expression of life. He was therefore in favor of marriage as a logical development; urged a free sexual expression of love in marriage; and advised against extramarital relations. He did not necessarily wait to find out the patient's stage of development in any of these matters; and if his opinion was diametrically opposed to hers, he merely reiterated it and let it go at that.

The scientific utility of this point of view is most comprehensible when it is remembered that it takes two persons to make it. There is never a precise way of separating the woman from the doctor's idea of her. His idea is the element through which a thousand units passed in the process of synthesis.

Under these conditions, which clearly have to do with the character of the material, the data were gathered.

## THE DATA

Before the presentation of the patient and of data which lack the clarity of the fixed fact, certain layers of background relevant to the issues are assembled. The following is an explanation of the principles of classification, period and judgment of validity concerned:

CLASSIFICATION. Over five thousand two hundred histories were available, divided as four thousand married and one thousand two hundred single women. Separate sheets for sex histories had been made in about one thousand two hundred instances. When these sex histories—entirely anonymous, with their summaries of the medical history, were turned over for study, it was found that they included nine hundred married women. (The original medical histories were available. They carry numbers but no names or addresses.)

Classified by the simplest objective measure, i.e., the relation to the marital state, the grouping is: married and living with the husband, eight hundred and twenty; separated or divorced, forty; and widows, forty.

For purposes of comparison, it seemed well to study also cases about whom no sex history as such had ever been made. By a statistical method of selection designed to make sure that the drawing was from all years of work and classes of patients, two hundred medical histories were added as a control group, bringing the total to one thousand ninety-eight or in round numbers eleven hundred cases.

The next redistribution was that of the 820 living with their husbands. Excluding fifty brides, the 768 considered as "settled" in marriage were divided into two groups: 393 making no complaint about their married life, and 375 expressing some degree of dissatisfaction.

In further distributing the 375 cases who make some complaint, 275 were classified by the gynecologist's diagnosis. He recorded 175 as cases of dyspareunia and 100 as cases of frigidity. By grouping those at the other extreme of sexual possibility, thirty more are classified; they passionately desired more sexual



relations than they had. Those who were complaining indefinitely about sexual maladjustment were then gathered into one category. Numerically, and according to original diagnosis the range of the 770 is then:

Adjusted without complaint.....	363
Maladjustment (undesigned).....	100
Dyspareunia.....	175
Frigid.....	100
Passionate.....	30

After experimental classification by age groups, number of years of marriage and fertility, tabulations made on these bases were found less significant and were abandoned.

THE EPOCH. In considering the elements which enter into the book, it is important that the material itself is in its way the story of an epoch. Victoria was living when it began and the postlude of the Great War had ended before its close.

The expression of love among average people is less isolated than it might seem. It borrows naively from moral and literary patterns. It is not accidental that the speech and behavior of the woman talking about her marriage in the gynecologists' office corresponds with the message of the poets of her day. It therefore is pertinent that the oldest patients were contemporaries of Wordsworth, and not far from Scott; Emerson, Whittier and Longfellow were alive when this practice began; Browning, Tennyson, Ruskin and Matthew Arnold still wrote when the doctor was a young obstetrician; Swinburne died at about the time the doctor's pelvic surgery was at its height; while younger patients had experienced poetical extremes, running all the way from Whitman and minor Expressionists to the lyricists and Edna St. Vincent Millay. Thus, difference in ideas, standards and form prepares for a wide range of behavior, beginning under the influence of the period of Romance and lasting into the days when Romance is said to have passed away.

In 1885, the doctor dealt with the woman who "would rather die than be examined." "No nice woman," she declared, "has any anatomy between her neck and her ankles." In the early nineties the patient instantly covered the least bare spot with

the sheet; but in 1920 full exposure is taken for granted by the young.

In 1895, when bicycling was so much recommended for menstrual disability, an idea of sex mores may be gotten from the doctor's pamphlets about the proper costume for bicycling. Puttees for covering the legs were recommended for women who later showed flesh colored stockings to the knee. At this time he was also setting forth the reasons why corsets are bad. One history of this day says "trussed up like a fowl" and many say "Her corsets are too tight" . . . "I warned her and warned her husband in writing that prolapse would occur." As time went on the other extreme came about as "I told her in writing to put on more clothes."

In the early years of the twentieth century, the patient was denying sexual experience and the files frequently contain evidence that she was thinking over the interview: "Dear Doctor—You will be surprised to get a letter from me but it seems as if I ought to admit that I did not tell you the exact truth yesterday. I did not intend not to, but I was so embarrassed—" Later on, verbal answers characteristically begin; "No; but . . ."

After the war, there is a perceptible difference in sexual frankness. Nearly all the pre-marital conferences with girl and man, separately, or a few, together, have been collected since that day. At some questions asked by the more radical of these young women, it is possible to read between the lines that the doctor winces. He is apprehensive about the social meaning of their attitude.

The general tone of the woman's story throughout appears much less passive than is the case in the famous continental studies of sexual experience in women. Whether this indicates a difference in the American type or is merely the accident of local and personal reactions it is impossible to say.

#### ABSTRACTS FROM THE MEDICAL HISTORIES

The original histories, one of which is published in full as illustrative material in Appendix B, keep precise record of detailed symptoms; methods of treatment; operations; confinement; con-



sultations, references to and from other physicians; laboratory tests; length of interval between visits; stages of improvement; reactions to this or that medication; and end results.

In the abstracts of histories of sex experience which are appended to various chapters, the doctor himself selected the medical data to be included; and there may often be left a sense of disappointment at not knowing how the medical story ends. This is because all but the most pertinent matters of medical history have been eliminated in favor of pelvic diagnosis and psychic story. The omitted material deals with facts which, if collectively significant, have already been presented in publications devoted to gynecology, and the present is a study not of gynecology but of marriage.

Need for disguise of the patient's identity has made necessary the sacrifice of much of the clarity and exactness which distinguishes the original records. Such items as exact occupation of father, husband or wife, nativity, residence, the age of the wife at menstruation, menopause, at operation, engagement, marriage, and at the birth of each child (noted exactly at the time of observation) have been deliberately altered, omitted, or told only in summary.

The omission of the numerous drawings of diagnostic illustration, comparison and development, anatomy, and operation, which invariably accompany each history, also deprives the record of much exact and objective data.

On the subjective side, the records lack photographic exactness because the doctor almost never put down what he said to the patient. He wrote down what she said and what he did; also what he told her to do by way of amusement, food, sleep, etc.; but not what he said about her most personal affairs. Except as she answered questions or made references from which inference may be made, the records tell little. If she had pruritus with beginning kraurosis, the medical history tells that he prescribed zinc oxide and phenol or packed the vagina with powder or applied pure carbolic to the whitening areas, and that he taught the patient to make the application of carbolic herself; also his conclusions about auto-erotism from the breasts, vulva,

cervix and labia and the patients' admission or denial of it, perhaps with a story of a love affair coming out in fragments. But the exact nature of the personal advice—i.e.—the very words that helped—was varied to suit cases and remains unknown.

The medical histories from which these accounts of sex experience are drawn are very detailed on medical points; the sex histories are fragmentary and incomplete; and the abstracts given here even more so. Causative and resulting factors are both inadequate. One case by itself means nothing; each single group proves nothing in itself and certainly nothing about the world at large. The material is better understood collectively. Read rapidly as the swift and flitting impressions of one mind, it becomes a coherent and continuous story, hot from the consciousness. Regarding then its essential wholeness and not its detail, it is new evidence about human relations.

In this vigorous presentation of a point of view, the reader must consider only that something he could not have gotten for himself is here made available to him. But it is essentially *raw* material and can not be merely absorbed. The refining process requires dissection, selection, conflict, as well as rejection and acceptance. In proportion as the reader can take the abstracts of case histories actively, they become for him a kind of scientific material.

#### QUALITATIVE AND QUANTITATIVE EVALUATION

The first thing to remember is that the sex history of the patient was often taken during one of her most vivid experiences. This is how it came near enough to the surface for observation. After childbirth, after an operation, after a crisis in marriage with her husband, she suddenly bursts into speech. It happened often, more often than not, that she never talked again or never again as fully. Without defining the quality which this gives the data, it may be agreed that it does give distinct quality.

This is the chief difference between this material and that collected by the questionnaire method. This record follows a medical routine, but psychically the emphasis is on whatever point was important to the patient at a critical time. The



doctor intended to let communications go anywhere the patient took them. Guidance in the form of new questions appears only after he has known the patient a long time. This accounts for the irregularity of the totals. Where ideally the good questionnaire filled in by 1,000 persons provides 1,000 answers to every topic, these data cannot give a thousand answers to any question except the length of the observation. Age is told in nearly all the cases and occupation a great many times; but answers to certain intimate though relevant details are given by only a third to a half of all.

Lapses in fundamental data such as age, length of observation, diagnoses and number of children may occur. This does not mean that the medical record ignored them, but that certain histories of sex experience were first recorded without reference to the original data and in the interest of anonymity never correlated with their source.

These very omissions and lack of comparable items, when taken in conjunction with the points on which information is available, are among the penetrating contributions of the data. The doctor did not ask the patient "What are the important difficulties in your marriage?" He only collected data about difficulties at the time women were having them and usually had a particular reason for seeking or noting them. This is to say that while the questionnaire provides the even contours of a great plain, these are the data of hilly country—with small views, and intense and irregular peaks. One significance is that some of them were of volcanic origin.

There is a way of showing that the material was collected miscellaneously as it came, without the influence of search for particular types at any given moment. The numbers on the original records are chronological and comparison of the classifications in terms of numbers shows that their collection was not bunched at any one period of specialization, but stretches out fairly well over thirty years of the doctor's interest and practice.

At last comes the question of whether or not the stories of sexual experience as stated are true.

This matter requires consideration of the medium. The case

history of sex experience is usually gathered in conversation, an interchange of impressions between two persons. Of such intimate quality, made out of talk, and intended to produce an immediate effect, it does not lend itself to study nor to appraisal in scientific terms.

The total atmosphere is comparable rather to the atmosphere of song and poetry, or more exactly to the primitive ballad. The ballad is simple and impassioned. It loves sorrow, deals chiefly with love and death, uses the supernatural freely, tells the dramatic aspect of a situation and not the whole story. Ballads are easily understood and the best of them contain lines which cannot be forgotten. Has not the wife's account of her marriage the ballad flavor? The percentage of happiness vs. unhappiness is surely most comprehensible in these terms.

Over-insistence on the literal truth by popular definition and demand for exact fact would deflect the story from its own real meaning. What is true? Of course, these narratives are not true in the sense that mathematical computations are true and they must not be believed literally. Neither must they be supposed to have completeness. The reader has but to remember that about sex he himself has never told all.

In accounting for the various ways in which sex histories are unable to be true, after excluding the charm of the secret, the simplest is lapse of memory. The patient may have intended to tell the exact truth but has forgotten. Mistakes are made even in reporting illnesses of childhood, or recalling exactly certain events of adolescence. What is forgotten more deliberately than unpleasant sexual experience? In a field which combines emotional pressure with desire for secrecy, or with the wish to appear finer than reality, forgetfulness increases. Time judgments of ecstasy, especially in reports lasting over a series of years, are particularly suspect. In questions involving such judgment as length of intromission before ejaculation facts of time may well be longer or shorter than the estimate.

The patient's inexperience in the scientific attitude leads to another possibility. Confused by the unusual and intimate discussion, she does not know how to guide it to the truth. She



answers precisely, yes or no, when she should have gone back to the source and given a fundamental explanation. For instance, what is behind the fact that a couple have coitus once a fortnight? If the husband says he wants it daily and the wife says she never wants it, but admits on further questioning that she welcomes it after the menstrual period, the once a fortnight stands for their practice but does not represent their desire. Going further into their background reveals that the husband is never happy in this relation because he feels that his wife is not responsive; then his desire for coitus daily may be the fancy of an ungratified experience. He does not know what would be satisfactory. But the reason the wife is not responsive may be that her feelings never reach the point of orgasm, because in turn the husband does not hold an erection long enough to bring her to that point. The original answer, then, was mathematically true, but emotionally false. All these extraneous factors must be taken into account.

The most vitiating trap of all is the one quite inevitable. It seems impossible to tell sexual experience exactly. Sex is so important that we color it a little to enlarge ourselves. The woman's answers to questions about frequency of coitus, degree of responsiveness, preference for one or another method of excitement may lead to the reflection that she wishes the reputation for purity. But this is not necessarily so; it is possible that she wants the reputation for passion.

There are, also, the women who wish their husbands were different. Is it not inevitable that the husband be represented as other than in reality he is? When he is very magnificent, the observer should grant that he may be so. When he is very inferior, some discount should be made in his behalf. The study is of a profile which has no full face view. Complete data on a marriage would exact consideration of both the wife and the husband. To talk otherwise is only a way of speaking. The doctor has data from about one hundred husbands. He thinks that few men are as simple, direct and natural as most women.

## LEVELS OF RELIABILITY

The book recognizes different levels of reliability and makes an attempt to divide material and treatment into three parts; the objective data, the subjective data and the interpretation.

The objective data are those statements of record which come the nearest to being statements of fact. They are as nearly factual as information about age, occupation, illnesses, children, the doctor's diagnosis and so on, can be. Presumably they approximate the ordinary reliability of objective data.

The subjective data are what the patient says about her husband and herself in all matters which are subject to emotional coloring. It is such qualitative evidence as can be determined by the memory of the patient, her judgments of time, traditions and secret desires. The qualitative nature of these data is destroyed when they are pressed too exactly into the mould of quantitative methods. They are too individual to be welded and they have few common denominators. Their limitations are not statistical but psychological. Their accuracy depends not on their flat, exact and final statement, but upon the degree to which they call up in the reader complementary qualities of feeling and judgment which create a balance.

The interpretation is the analysis and explanation which is attempted of both subjective and objective data refracted to greater or less degree through a third mind.

It is then possible for these three levels of reliability to go away from the truth—each level one space farther removed, or it is possible for them to curve back again, pointing toward reality. Data on religion, the arts and any subject which yields subjective data out of the inner experience offer these difficulties and compromise with these solutions. It is helpful to deal with fairly large numbers. Individual reserves are unequal, and truth as a whole is clarified now by one person, now by another.

These accumulations of case data are designed to give material for other analyses of the sexual life. They are contributions to hypotheses and nuclei for new experiment. The case histories at the end of each chapter are put there for the purpose of bringing



the reader back to the source material. They break the thread of the exposition since they are another style and another hand. But they represent the first hand collaboration of doctor and patient on which the rest of the book is based, and that point of view must recur as refrain and chief motive, dominating other interpretation.

## CHAPTER II

### THE PATIENT

*WHILE three hundred cases were studied for more than a decade and as many more for less than a year, the median patient is a young wife of the American cultural type, well-dressed and attractive, seen from her thirty-first to thirty-fifth year. Her two or three years of experience with a profession ended at marriage to a professional man. The urban home is moderately well to do and the couple has educational advantages superior to the average.*

**T**HIS CHAPTER explains by all the material available what the patient is like.

The gynecologist was an artist by avocation, an amateur in landscape drawing. He had the artist's eye for synthesis and his judgments were repeatedly in terms of beauty. He drew fluently; pictures ran off his pen more easily than words. Portraits he never made, but sketches of the speakers at medical meetings show the cartoonist's knack of catching a running likeness. Yet he never made cartoons. The impulse to play up the subject grotesquely is not in him. He draws a representational likeness based on fact and emphasizing good qualities.

Examination of his recorded histories shows that this is the way he saw patients. He had a high opinion of women and he thought of them in terms of personality far more than in terms of disease. An understanding on this point is scientifically important in appraising the data. Beauty had almost as many aspects as there were individuals. Apparently it refers not only to physical appearance, but to spiritual qualities. When the card says only "fine eyes," it probably means evidence of frankness and sincerity as well as color and luminous look. An old woman is beautiful for wisdom and tolerance, a girl for coloring and form, a mature woman for expression. It was practically impossible for him to see so little in a woman as to call her ugly.



"Homely, sallow, poor complexion" is a characteristic phrase, but it accompanies criticisms of personality.

In a thousand women only forty-six made impressions unfavorable enough to be thus recorded. "Childish," "spoiled," "self-centered," and their synonyms are the chief criticisms, all directed against the type which refuses to assume adult life. Also, the patient may be "over-conscientious," "rigid," or "too unselfish," vices upon which the doctor was inclined to be severe. Upon issues already past he was non-committal, about present and future honestly optimistic. He never told the patient his moral judgments nor put them into writing except in the case of rich young women with distinct ability who kept wasting their days after a "reasonable amount of social fling." These he called parasites, to their face.

Notes about appearance and character are usual, those about mental qualities are limited; "has brains" appears about seventy times and "stupid" not more than thirty.

For the reader there is scientific meaning in eyesight which sees chiefly the good in people. Whether men and women can be so good may be debatable, but the significance lies herein: if the doctor were impressed by frankness, goodness and beauty in the patient's character and appearance, this conclusion entered into his attitude and called up certain equivalents in response. The atmosphere was expansive and offers its own contribution to the validity of the data. Are people more nearly truthful to a person who sees goodness and beauty in them? Whenever the answer is yes, it furnishes an important side light on the authenticity of the patient's story.

But these are not the quick sketches of a running likeness. Evaluation must take into account the fact that they were made over a long period with something added after every visit. The intervals gave ample provision for changing the likeness and the total is saturated with a meaning derived from this time span. The few women studied for forty years and the many known for more than twenty-five must be uniquely important to the total in that their experience illuminates the history of those seen for short periods.

## AGE AND LENGTH OF OBSERVATION PERIOD

The longest period of observation recorded is forty-five years; and one patient in eight was seen for twenty years. The average case was observed for seven years and the median for four. A rough threefold division shows one third seen for more than a decade, another third for less than a year, and the other for one to nine years. The exact distribution by years is shown in Table I, beginning with the longest history; the cumulative figures in the second column, indicate the total seen for more than any given number of years. Table 1A gives these figures in summary, by five year groups, and in percentages; and Figure 1 shows the situation graphically.

AGE. It next becomes important to know how old the patients were during the period of observation.

Three patients have sex histories recorded, beginning at birth and one came for the first time in her seventieth year. The median case was in the last part of her thirty-first year when first seen, one quarter of the whole was less than twenty-six years old and one quarter was more than thirty-eight. Table II represents all the available data.

The age of the husband is a few years more than that of the wife, in the average of cases for which that information is available. The histories enumerate various cases in which the husband is older by fifteen or twenty years, but none in which extreme disparity is the other way.

If the patient came at a certain age and was cared for during a certain period, it is desirable to know whether the observation period arranged itself in any particular cycle of years. Obviously, this is somewhat determined by the natural life span. A patient coming first at fifty will not be coming forty years later. But if a patient came at twenty, was she more likely to stay ten years than if she came at forty? Probably so, but this is not so much the case as might be supposed.

The evidence is that while those coming early provide many cases which stay long, those coming later also stay for extended periods. This tabulation is of first importance in its showing of



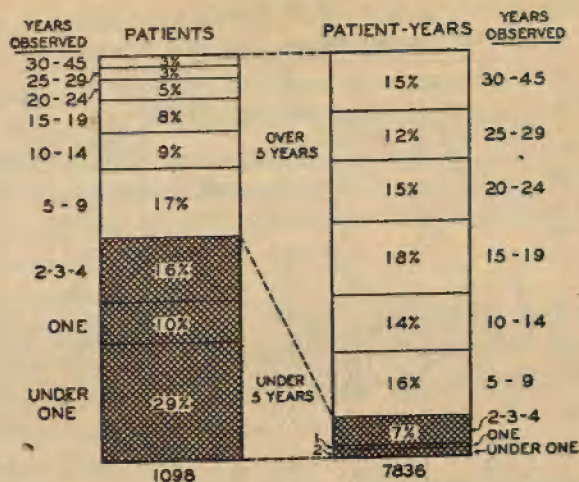
TABLE I  
LENGTH OF OBSERVATION 1,098 PATIENTS

Years Seen	Total Seen		Years Seen	Total Seen	
	Each Number of Years	Cumulative		Each Number of Years	Cumulative
45	1	—	19	12	136
44	1	2	18	15	151
42	1	3	17	21	172
39	1	4	16	23	195
37	1	5	15	15	210
35	1	6	14	16	226
33	6	12	13	19	245
32	7	19	12	15	260
31	8	27	11	19	279
30	8	35	10	25	304
29	7	42	9	22	326
28	7	49	8	28	354
27	7	56	7	41	395
26	7	63	6	44	439
25	7	70	5	52	491
24	10	80	4	47	538
23	11	91	3	66	604
22	11	102	2	64	668
21	8	110	1	116	784
20	14	124	Under one	314	1,098

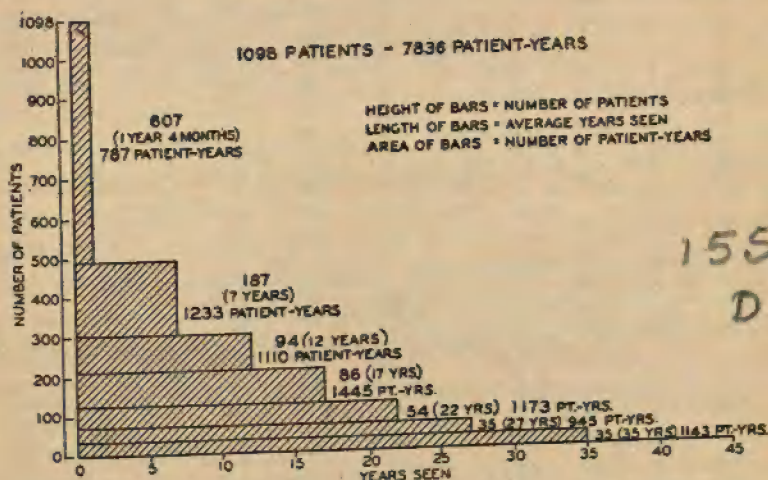
TABLE IA  
LENGTH OF OBSERVATION OF 1,098 PATIENTS  
Summary by Patients and Patient-Years in Five Year Groups

Five Year Periods	Patients	Patient-Years		Per Cent	
		Total	Average	Patients	Patient-Years
Total.....	1,098	7,836	7	100	100
Forty-five—Thirty.....	35	1,143	35	3	15
40—45.....	3	132	44	0.5	2
35—39.....	3	111	37	0.5	1
30—34.....	29	900	31	2	12
Twenty-nine—Twenty-five.....	35	945	27	3	12
Twenty-four—Twenty.....	54	1,173	22	5	15
Nineteen—Fifteen.....	86	1,445	17	8	18
Fourteen—Ten.....	94	1,110	12	9	14
Nine—Five.....	187	1,233	7	17	16
Under Five Years.....	607	787	1.3	55	10

# TIME PATIENTS OBSERVED BY FIVE YEAR GROUPS



A



B

FIG. 1. OBSERVATION TIME FOR 1,098 PATIENTS STUDIED FOR ADJUSTMENT IN MARRIAGE

A. Per cent seen each period from under one to forty-five years, compared with per cent of total years of study. Hatched portions indicate that 55 per cent were seen less than five years, but that these represented only 10 per cent of patient-years.

B. Patients in five year groups. Base line represents forty-five years, the period of study for the series; each bar represents 5 year group of patients, seen for average number of years indicated.

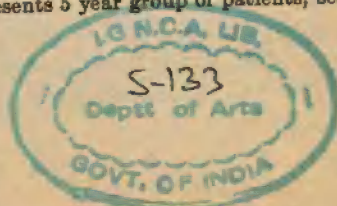




TABLE II  
AGES OF PATIENTS WHEN FIRST SEEN (940 CASES)

Age to Nearest Year	Number		Age to Nearest Year	Number	
	Single Years	Five Year Period		Single Years	Five Year Period
Birth	3		40	27	
8	1		41	19	
14	1	5	42	17	
			43	14	
15	2		44	12	89
16	2				
17	5		45	11	
18	5		46	15	
19	9	23	47	5	
			48	9	
20	11		49	5	49
21	27				
22	22		50	10	
23	29		51	6	
24	57	146	52	6	
			53	2	
25	56		54	1	25
26	44				
27	49		55	3	
28	46		56	3	
29	38	233	57	3	
			58	5	
30	49		59	1	15
31	49				
32	49		60	4	
33	34		61	1	
34	33	214	62	3	
			63	1	
35	30		64	1	10
36	26				
37	22		65	3	
38	25		66	4	
39	20	123	70	1	8

opportunity to observe all age periods. (The next volume in this series on "The Single Woman" contains the greater amount of data on the teen age.)

#### RACE AND RELIGION

The next notation is made on racial origins. Overwhelmingly the patients are white, native born of native born parents, and Protestant in their church affiliations.

Every tenth patient deviates from the purely American cultural type. Usually she was born elsewhere, and it may be that her husband (also foreign) has retained his native citizenship. If it happens that she is of American birth but foreign extraction, the home and cultural ideals, habits and nuances upon which her married life depends are diluted with the original background. Preserving a separate tradition, Negro or Jewish, is also a dilution, which gives another flavor to the married life. Irish patients share this peculiarity through their Roman Catholic faith.

These European, Oriental, Negro and Jewish women differ among themselves and from the American type which constitutes the standard, but so few cases permit no comment about the racial quality of marital relationships. A patient of Latin extraction is likely to be very active sexually, and the Oriental very passive. It may be coincidence or merely due to difficulties of language that the accounting of mental conflicts is less detailed for these variants. Certain observations on the qualities of Jewish and Roman Catholic women are made later.

The racial or national stocks of 114 patients as determined by their own or their parents' nativity are indicated in the following list. This does not follow any single principle of classification save that of difference from the average of the whole series as may be seen by the fact that the 42 Jewish are grouped together, whatever their country of origin. The others are predominately of Northern or Western European stock, 45; with 14 from Southern and Eastern Europe; and 11 from the Near or Far East.

Jewish.....	42	Portuguese.....	2
Irish (born).....	19	Negro.....	2
Scandinavian.....	9	Italian.....	2
German.....	8	Swiss.....	1
Spanish.....	5	Serbian.....	1
Syrian.....	4	Greek.....	1
French.....	3	Dutch.....	1
Armenian.....	3	Chinese.....	1
Japanese.....	3	Canadian.....	1
English.....	3	Cuban.....	1
Russian.....	2		

#### OCCUPATIONAL, SOCIAL AND ECONOMIC STATUS

The typical patient is a "housewife," that is, in the negative terms used in the census, a woman not gainfully employed outside



the home; and she is married to a professional man. Before marriage she either has lived at home without salaried employment or was herself employed professionally.

Putting together all the information first in terms of couples gives a picture of 632 cases, as shown in Table III "General Occupational Grade of Patients." The husband's occupation whenever known is taken as the basis; when it is not, the wife's before marriage. When neither is known, but the fact of wealth or college attendance is cited, this is used, and may be interpreted

TABLE III  
GENERAL OCCUPATIONAL GRADE OF PATIENTS COMPARED WITH CENSUS OF CITY  
AND UNITED STATES (632 COUPLES)

Class	Total	Per Cent		
		Known Cases (509)	Census 1920	
			City	United States
Professions.....	261	51	6	5
Trade.....	124	24	16	10
College Women.....	63	*	—	—
Wealthy Women.....	60	*	—	—
Manufacturing and Mechanical Industries...	55	11	40	31
Clerical.....	30	6	18	8
Domestic Service.....	21	5	7	8
Transportation.....	—	—	10	7
Public Service.....	16	3	3	2
Agriculture, Forestry and Animal Husbandry.....	2	1	—	26
Extraction of Minerals.....	—	—	—	3

\* No occupation specified; probably equal to professional or higher trade.

to mean income and status at least equal to that of a professional or higher business man. The general classification used is that of the United States Census.

For comparative purposes, the 123 cases in which precise occupation is unknown are removed and the remaining 509 distributed in terms of per cent. This shows occupations as overwhelmingly professional. In the nation only every twentieth man is a professional man, in this city only every seventeenth, but here it is every other one.

Without precise information, there is basis for inference that the husband frequently belongs in the upper strata of the non-professional occupations. If in business, he is more likely to have a share in the ownership and management than to be an employee; the data on trade contain no salesmen in a shop and no floor walkers. Eleven laborers are counted in the total belonging to trade, eleven more under manufacturing interests and two under

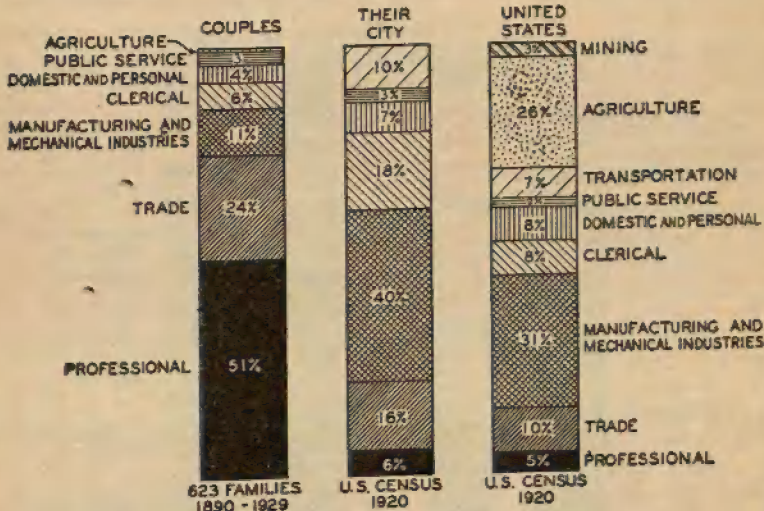


FIG. 2. OCCUPATIONAL GRADE OF PATIENTS

Compared with percentage distribution of occupational groups in general population of their city and the United States, as shown by the United States Census figures for 1920.

agriculture; but the census totals for the city and state contain proportionately many more laborers. Moreover several men engaged in domestic and personal service in this list are hotel keepers, while national totals are full of barbers and hairdressers.

Therefore the accompanying Figure 2 shows this group conservatively in comparison with the distribution of occupations in their city and in the United States.

If the occupations were grouped according to the British



Census method of classification which combines social with industrial concepts, the majority would be found in Class I the so-called "upper classes," which include beside "nobility" the higher governmental officials, professions and big business or managerial. This is emphasized if the detailed occupations are examined; in Table V, for example, all of Professional, and nearly all of Trade, over half of Public Service, and the two hotel owners would probably be in British Class I.

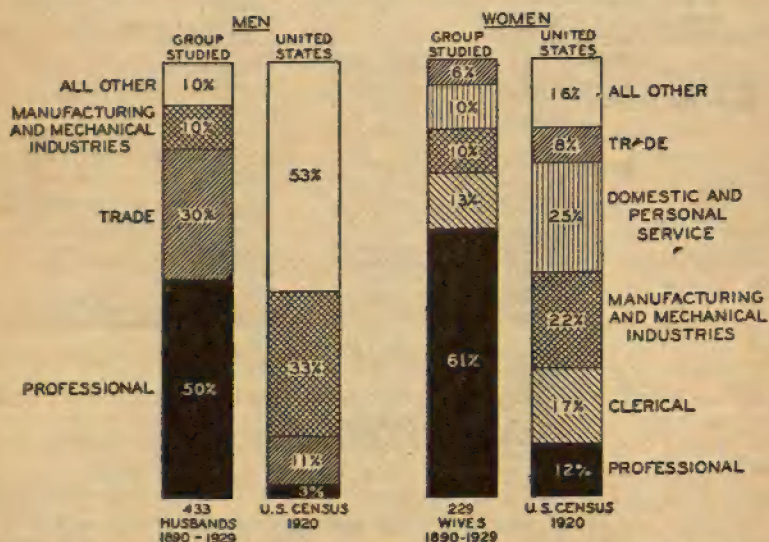


FIG. 3. OCCUPATIONAL DISTRIBUTION OF HUSBANDS AND WIVES

Men and Women in group studied compared with United States Census figures for 1920, of males and females gainfully employed.

The data appear somewhat differently when separated by sex, as in Figure 3, and in Table IV. Precise statements are made about 433 husbands and 228 wives; with the latter may also be included the fact that 71 more are known to be either wealthy or college bred, thereby partly indicating an occupational and economic status. Figure 3 in particular shows five times as many women in professions in this group as in the country at large.

When the occupations of both husband and wife are known, they are recorded together in each characteristic husband-wife grouping as:

Architect—Artist  
 Engineer—Teacher  
 Manufacturer—Saleswoman  
 Lawyer—Society matron  
 Stage manager—Actress

Minister—Statistician  
 Commercial designer—Realtor  
 Bar tender—Acrobat  
 Doctor—Nurse  
 Driver—Waitress

TABLE IV  
 OCCUPATIONAL CLASS DISTRIBUTION OF PATIENTS AS COMPARED WITH GENERAL  
 POPULATION OF UNITED STATES  
 (433 Husbands and 229 Wives in 1000 Couples)

Occupational Class	Per Cent Gainfully Employed			
	Males		Females	
	Hus- bands 1890- 1930	United States Census 1920	Wives 1890- 1930	United States Census 1920
Total.....	100	100	100	100
I. Professional.....	50	3	61	12
II. Trade.....	30	11	6	8
• III. Manufacturing and Mechanical Industries.....	10	33	10	22
IV. Clerical.....	6	5	13	17
V. Public Service.....	3	2	0	0
VI. Domestic and Personal.....	1	4	10	25
VII. Agriculture.....	*	30	0	13
VIII. Transportation.....	0	9	0	3
IX. Mineral Extraction.....	0	3	0	0

Less than one per cent.

This occupational listing by couples, used in subsequent analysis, does not lend itself to generalization but it does indicate a coherence in the social pattern, especially among the self-supporting: professional men marry professional women and labor marries labor.

Returning to the husband, the details of his employment as well as its general grade are shown in the accompanying Table V.

Nothing dates this material better than saying that it contains no advertising man and no publicity agent. The change in the



TABLE V  
OCCUPATIONAL DISTRIBUTION OF 433 HUSBANDS

Occupation	Cases	Occupation	Cases
<b>I. Professional and Semi-professional</b> .....		<b>III. Manufacturing and Mechanical Industries</b> .....	
1. Religious worker.....	225	1. Laborers, unspecified..	41
2. Doctor.....	35	2. Truck driver (in manufacturing).....	7
3. Lawyer.....	32	3. Tailor.....	2
4. Educator.....	30	4. Printer.....	2
5. Engineer (civil, electrical and mechanical).....	29	5. Steam fitter.....	1
6. Writer.....	18	6. Confectioner.....	1
7. Artist.....	12	7. Linotyper.....	1
8. Architect.....	10	8. Machinist, unspecified..	1
9. Musician.....	8	9. Mechanic, unspecified..	1
10. Dentist.....	8	10. Butcher.....	1
11. Scientist.....	8	11. Painter.....	1
12. Actor and showman...	6	12. Pattern maker.....	1
13. Editor.....	6	13. Well driver.....	1
14. Social service worker..	4	14. Electrician.....	1
15. Turfman (gambler)...	2	15. Baker.....	1
16. Librarian.....	2	16. Dockman.....	1
17. "Profession" unspecified.....	1	17. Compositor.....	1
	14	18. Carpenter.....	1
		19. Shop worker, unspecified.....	1
<b>II. Trade</b> .....	118	20. Inspector, unspecified..	1
1. Broker.....	13	21. Iron worker.....	1
2. Salesman.....	12	22. Factory, unspecified..	1
3. Insurance.....	8	23. Unspecified.....	10
4. Corporation executive.	7		
5. Store (liquor, groceries).....	6	<b>IV. Clerical</b> .....	26
6. Realtor.....	5	1. Accountant.....	2
7. Banker.....	3	2. Bookkeeper.....	2
8. Importer.....	3	3. Cashier.....	2
9. Watchman.....	2	4. "Clerk," unspecified..	20
10. Garage owner.....	1		
11. Clothing business.....	1	<b>V. Public Service</b> .....	16
12. President retail company.....	1	1. Army and navy officer..	6
13. Bond salesman.....	1	2. Seafaring.....	4
14. Buyer.....	1	3. Politician.....	3
15. Laborer.....	1	4. Policeman.....	2
16. "Business" unspecified.....	1	5. Letter carrier.....	1
	53		
		<b>VI. Domestic and Personal Service</b> .....	5
		1. Hotel owner.....	2
		2. Bartender.....	2
		3. Steward.....	1
		<b>VII. Agriculture</b> .....	2
		1. Farm laborer.....	2

numerical distribution of occupations which came with the turn of the century is clearly evident in engineers. All the accounts of engineering husbands were collected in recent years. Other than that, shifting between groups cannot be established. The professional total remains constant but within itself has lately contained more practitioners of the arts, a full fifth of the whole.

Without regard to the husbands' work, a new measure is provided in the summary of the occupations of the wives when they were single women (Table VI).

These vocations were as a rule given up at marriage. Those working full time and permanently afterward are so few that it cannot pay to make an exact count; fifty is too large an estimate. Teachers are the women likely to keep on working full time, artists and trained nurses are the professions most continued on a part time basis. No evidence on the great conflict between marriage and a career is here contributed.

The remaining 700 women as well as those who gave up work at marriage would by the census be listed as "Housewife, without pay," and this suffices for our purposes.

The material is dated again, by the fact that it contains no photoplay-actress, no scenario writer, no one who has to do with the movies. With one exception, it has no woman prominent in merchandising or politics, no vocation rated as among the great ultra-modern opportunities for women. A few more than one hundred are counted as college women, meaning strictly, women who have spent some time at college, but probably in most instances signifying graduation.

The institutions of higher education attended by these women are listed as: Smith, Vassar, Wellesley, Bryn Mawr, Radcliffe and Barnard Colleges; Teachers College of Columbia University; the Universities of Leland Stanford, California, Johns Hopkins, Pittsburgh, Chicago, Pennsylvania, Michigan, and Wisconsin; a woman's college of the University of Oxford, England; the Sorbonne, Paris, France; University of Zurich, Switzerland.

As a whole, the data bear out the dictum that no New Yorker is born in New York. Many are of New England birth, and



TABLE VI  
OCCUPATIONAL DISTRIBUTION OF 228 WIVES  
(Gainfully Employed Outside Home at Any Time)

Occupation	Wives	Occupation	Wives
<i>I. Professions and Semi-professions</i> .....		<i>II. Trade</i> .....	
1. Teacher.....	44	1. Saleswoman.....	12
2. Nurse (trained).....	23	2. Advertising.....	1
3. Musician (chiefly singers).....	16	3. Buyer.....	1
4. Artist.....	11	4. Hat model.....	1
5. Actress.....	6	5. "Business" unspecified.....	1
6. Religious worker.....	5	<i>III. Manufacturing and Mechanical Industries</i> .....	
7. Editor.....	3	1. Telephone operator....	7
8. Architect.....	2	2. Milliner.....	6
9. Interior decorator.....	2	3. "Factory employee," unspecified.....	4
10. Designer.....	2	4. Dressmaker.....	3
11. Acrobat.....	2	5. "Machine operator," unspecified.....	2
12. Lawyer.....	2	6. Handkerchief folder...	1
13. Physician.....	2	7. Cigarette wrapper....	1
14. Journalist.....	2	<i>IV. Clerical</i> .....	
15. Social worker.....	2	1. Stenographer.....	16
16. Physical education worker.....	2	2. "Clerk," unspecified...	8
17. Librarian.....	2	3. Bookkeeper.....	3
18. Physiotherapist.....	1	4. Secretary.....	1
19. Dancer.....	1	5. Accountant.....	1
20. Color photographer....	1	6. Canvasser.....	1
21. Dramatic reader.....	1	<i>V. Domestic and Personal Service</i> .....	
22. Writer.....	1	1. Maid.....	7
23. Nutrition worker.....	1	2. Boarding house keeper.	5
24. Statistician.....	1	3. Housekeeper.....	4
25. Jail matron.....	1	4. Child's nurse.....	1
26. "Profession" unspecified.....	2	5. Waitress.....	1
		6. Hair expert.....	1
		7. Manicurist.....	1
		8. Masseuse.....	1

many of Western and Southern origin, coming to New York as the wives of young executives and professional men.

Some of these women are more than locally known, but except

for beauty, charm, and effectiveness in her own world, the list does not contain any woman of great reputation or widely known influence on others.

As a test of quality this, however, ought to be considered by couples and when the husband (or father) is observed on this point, the result is different. The case histories contain material on the marriage, or fatherhood, of some notable men. Here are stories of the scientist who made an important discovery, the learned professions which make our precedents, the critics, educators and philosophers presenting the current interpretation of life, the reformer and the playboy reaching out into the future. These are the men who have convinced other men. Some are of the group very influential in metropolitan life; below these is still the man who stands out among his neighbors. A careful re-reading of the husband's occupations indicates the possession of an enormous amount of the routine of education: a vast assimilation of facts and theory in many fields.

At the other end of the social level, there is no notorious person, no approach from that wealthy underworld which may turn to a gynecologist in a great city. One man was convicted of forgery, two have committed bigamy, two are gamblers; others than these drink, and drugs are frequent enough, but not social disrepute. Among the women there is no one accused of crime, no conspicuous divorcée, no case referred by a court as a public charge, and no prostitute.

A count of the available evidence (over 600 cases) leads to an estimate of economic status of the total as:

	Per cent
Wealthy .....	12
Moderately well off .....	77
Middle income and lower .....	7
Poor .....	4

This classification is not easily reduced to precise figures. A woman has expensive furs and wears enormous emeralds. Her story of her husband, executive of a corporation, carries with it the aura of the capitalist rolling along in the limousine, but there is no way of expressing this in money. In the histories, the dis-



tinguishing feature of the wealthy is the number of residences, the amount of travel, and the number of paid employees.

The poor in this definition are independent, but are those who find it hard to get along, perhaps through a burden of illness or incapacity. The wife works to help the husband, they live in a tenement under crowded conditions, have family responsibility, long working hours and little recreation. Although many patients were treated without pay or by paying only a little, they are not considered charity cases and there are none of these except as sometimes the doctor continued his observation of a woman originally a free hospital patient. The maids and other servants came originally through their employers and this was sometimes the case with dressmakers and seamstresses.

It was customary to make no charge to families of doctors, clergymen or missionaries; and to nurses; and to cut the fee in half without comment or inquiry for teachers and clerical workers; and if there were special family burdens, it was cut for the time being without question. This practice kept in the doctor's care the young woman whose father had paid full fees for her, after she became the wife of a man on a lower salary level, handicapped with the sudden emergencies of a young family. The following copy of a letter shows how this may have happened:

"Dear Mary,

The strain of the baby's illness is no excuse for neglecting yourself, and your cervix must be watched. I have taken care of you since you were fourteen years old, and the matter of money is not going to interfere. Please call the office for an appointment.

Sincerely yours, .....

The salaries now characteristic for professional men in this city are from \$6,000 to \$10,000; earlier salaries would be in proportion about half (before 1913), or \$3,000 to \$5,000. These families have an average of four to spend for. The median couple, if it could be found, probably lives in a suburb, or in a small apartment, in latter times has a car, has a summer vacation, belongs to a club, has part time help or one maid, takes for granted a routine of amusement and recreation.

This atmosphere is important because a homemaker married

to a professional man and living in such a milieu has more than reached the early American ideal of the conditions of happiness and the good life.

Records about such a couple are a part of that typical material, satisfyingly homogeneous and pleasantly comparable, which the statistician seeks.



## CHAPTER III

### HEALTH

ONE QUARTER of the patients came first for care in childbirth and after, another for problems of marital adjustment or sterility, another for pelvic growths and inflammations, the remainder for miscellaneous causes. The median age at first menstruation is thirteen and some menstrual difficulty is reported in half the cases. Fifty-six per cent is counted as of good nervous balance, 27 per cent is below par and 17 per cent is seriously impaired in constitutional stability. The histories of illness and operation which take place during the period of observation follow these trends.

THIS ACCOUNT of the patient will give little attention to her early health and the illnesses common to both sexes. It is designed to give data on the correlation between woman's anatomy, local disorders and general diseases and her emotional life. The interest is thus centered in the known aspects of physical function, the nervous balance and manifestations of disease in the reproductive organs.

#### PROBLEM PRESENTED AT FIRST VISIT

The usual occasion of the patient's first visit to the doctor was a problem of childbirth, pelvic disorder or marital relationship. This, as shown in the accompanying Figure 4, was true in more than half the cases. Details are given in Table VII, which shows the chief problem at the time of the first visit. The gynecologist concerned was not necessarily the first gynecologist visited nor could it be proved that he remained the only one the patient went to during the period of observation. However, except in cases of consultation, it is likely that he gave all the gynecological care.

These figures do not necessarily express the balance of ill health or other causes for gynecological attention during the

whole period of observation, but only the status at the beginning of the period of observation as indicated by the main problem presented, or the first diagnosis. The single largest reason is

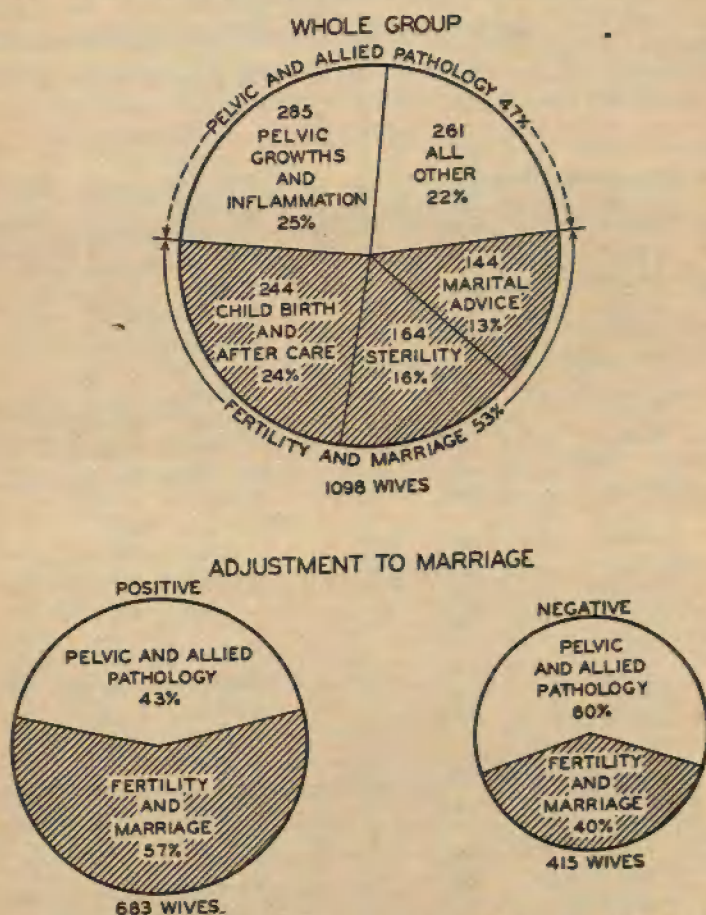


FIG. 4. OCCASION OF FIRST VISIT BY PATIENTS STUDIED FOR ADJUSTMENT IN MARRIAGE

Size of circle represents number of patients; hatching shows proportion coming for causes associated with fertility and marriage; childbirth and after-care, sterility and marital advice. The *Positive* group includes 363 Adjusted Without Complaint; 200 Controls; 50 Brides; 40 Widows and 30 Passionate. The *Negative* includes 175 with Dyspareunia; 100 Frigid; 100 Maladjusted and 40 Separated and Divorced.



**TABLE VII**  
**PROBLEM PRESENTED AT FIRST VISIT BY 1,050 PATIENTS**

Problem	Number	Per Cent of Known	Problem	Number	Per Cent of Known
Total Patients.....	1,050	100	B. Gynecological Total— Concluded:		
A. Obstetrical Total.....	244	24	7. Venereal diseases.....	31	3
Pregnancy.....	179		Gonorrhea.....	21	
Post-partum care...	65		Syphilis.....	10	
B. Gynecological Total...	662	63	8. General condition, possibly pelvic origin..	43	4
1. Local inflammations.....	197	19	Undefined.....	15	
Uterine.....	100		Anemia.....	8	
Tubal.....	32		Appendicitis and colitis...	5	
Vaginal.....	19		Obesity.....	4	
Vulvar.....	17		Tuberculosis.....	4	
Ovarian.....	11		Gall bladder.....	2	
Pelvic peritonitis.....	11		Heart.....	1	
Breast.....	4		Goitre.....	1	
Anal.....	2		Chronic nephritis.....	1	
No data.....	1		Bright's disease.....	1	
2. Sterility.....	164	16	Fatigue.....	1	
3. Menstrual disorders.....	70	7	9. Nervous and mental condition, possibly pelvic origin....	29	3
4. Growths.....	67	6	Nervous "break-down".....	7	
Fibroids.....	28		Depression.....	7	
Ovarian cysts.....	18		Hysteria.....	5	
Urinary polypus.....	8		Epilepsy.....	4	
Cancer.....	4		Nymphomania.....	2	
Cancer feared.....	3		Homicidal impulse.....	1	
Tumor not specified.....	4		Delusions.....	1	
Hernia.....	2		Melancholia.....	1	
5. Mechanical defects.....	36	3	Anxiety state.....	1	
Retroversion.....	19		10. Consultation about operation.....	5	0.5
Infantilism.....	10		C. Marriage Problems.....	144	13
Anteflexion.....	6		Sexual adjustment.....	87	
Deformed pelvis.....	1		Premarital advice.....	45	
6. Urinary tract.....	20	2	Contraception.....	12	
Trigonitis.....	8				
Pyelitis.....	6				
Urethritis.....	4				
Cystitis.....	1				
General irritability.....	1				

pregnancy and the next largest is sterility. One hundred and three women came for defects of development, uterine malposition and for new growths; situations to be regarded as relatively impersonal. Eighty-seven came about the sexual side of marriage, and twenty-nine more with a nervous condition, both causes implying an acute personal problem. Venereal disease is one of the smallest classifications, and unless the patient knew she had it, personal issues were not necessarily involved.

#### WIFE'S REPORT OF THE HUSBAND'S HEALTH

The list of husband's disorders of which there are only sixty complaints was usually given at the first interview.

It contains nineteen accounts of venereal disease; although the total number of women ultimately found to be so infected is ninety-four; of which nearly all were with gonorrhea. The illnesses of the husband which the wife reports are for the most part mental or connected with the sexual life.

Included in the twenty-nine mental or nervous conditions were:

Alcoholic habit.....	10
Insanity.....	5
Depression.....	3
Nervous breakdown.....	3
Neurasthenia.....	2
Hypochondria.....	2
Gambling.....	1
Morphine habit and nervous breakdown.....	1

The venereal list included with its complications:

Gonorrhea.....	12
Alone.....	9
With tuberculosis.....	1
With morphine habit, drink.....	1
With drink.....	1
Syphilis.....	7
Alone (with one paresis).....	6
With gonorrhea.....	1

In six instances sexual organs or functions were defective, including epididymitis in three, sterility in three.



Finally, six husbands were reported in general poor health including two with obesity and two with gall bladder trouble.

#### MENSTRUATION

Some form of menstrual disorder was reported by 490, or nearly half of the patients, who complained of dysmenorrhea, menorrhagia, amenorrhea, or irregular periods, alone or in the various combinations, as follows:

Dysmenorrhea.....	309
Alone.....	232
With menorrhagia.....	55
With amenorrhea.....	22
Menorrhagia.....	79
Alone.....	75
Alternating with amenorrhea.....	4
Amenorrhea alone.....	58
Irregular periods only.....	44

Dysmenorrhea here usually meant pain which permitted the patient to keep at her usual pursuits with somewhat lessened activity. A teacher who usually stands while teaching may say that she sits during the menstrual period; other professional women plan easier work; or, athletic women stop violent exercising. Those interested chiefly in social engagements often want to continue just as usual in spite of pain. Those with such severe dysmenorrhea as to be confined to bed during the period are estimated as not more than a quarter of the group complaining of dysmenorrhea. As might be expected, more complaint goes with pronounced menorrhagia.

The most usual as well as the median age of beginning menses is thirteen in 386 known cases. The first quartile is at twelve years and the third quartile at fourteen; the total range being from seven to nineteen years; as shown in Figure 5.

The individual case histories contain frequent mention of the disturbances attending the menopause in the forties and fifties. There are half a dozen cases of the cessation of menses at twenty-two, thirty, and thirty-five, but little collective data about normal menopause. One patient says at sixty that menstruation began

at seven and ended at fifty-one. Ordinary cases account merely for a menstrual history of thirty to forty years, ending with some difficulty and complaint of menorrhagia.

#### NERVOUS BALANCE

The histories yield fifty-three accounts of nervous or mental unbalance in immediate relatives. The doctor's routine question

#### AGE AT FIRST MENSTRUATION (PER CENT DISTRIBUTION)

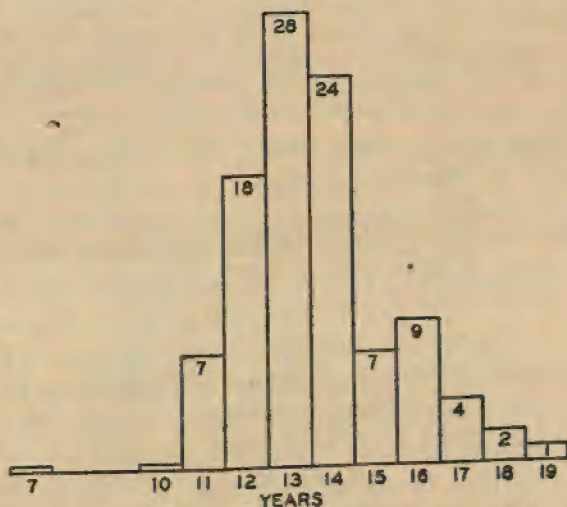


FIG. 5. AGE AT FIRST MENSTRUATION REPORTED BY 388 PATIENTS

The large proportion with menstruation established before fourteen (53 per cent) is characteristic of a generally well-conditioned group of the population; whereas the 16 per cent with late onset (16 to 19 years) is indicative of the relatively large incidence of sterility.

asks if there are mental defects or derangements, epilepsy or alcoholism in the parents, grandparents, aunts, uncles, brothers and sisters. Altogether fifty patients report some mental or nervous disorder in the family; and three others, suicide of near relatives, parents or siblings. The definite disorders were as follows:



Insanity in family.....	23
In parents.....	10
In siblings.....	11
In collaterals.....	2
Alcoholism in parents.....	16
Drug addiction in family.....	5
In parents.....	4
In grandparents.....	1
Feeble-mindedness.....	4
In children.....	3
In aunt and uncle.....	1
Epilepsy in family.....	2
In parents.....	1
In children.....	1

These patients were not on the average old enough to have insane children, or many parents with senile dementia—therefore the figure does not represent their probable life time experience with insanity. It may also be that some did not know of mental or emotional impairment in the collateral branches of the family, or that they were not willing to tell of insanity in near relatives.

Of the nervous balance of the patients themselves, there is the doctor's record made, not at the beginning but at some time during the period of observation. When brought together his original statements show that among the 1098 patients 214 were recorded as in good health nervously (20 per cent) 404 were not recorded as having other than general good health (36 per cent) 298 were below par in nervous balance (27 per cent) 182 were seriously impaired in nervous balance (17 per cent).

That is to say: in every hundred women, fifty-six impressed the physician as having the general nervous stability which means sound physical and mental health, and forty-four did not so impress him. The latter included first, those for a time below the level of good nervous balance, but probably not constitutionally unstable; and second, those seriously affected whether from birth or from conditions arising later. The distribution is shown graphically in Figure 6.

Examined in detail, the 298 cases rated as nervously below par are of low general vital tone as well, as is shown by these characterizations.

Low vitality, no definite diagnosis.....	157
Sickly.....	56
Delicate, frail.....	51
Obese.....	49
Debility and mental dullness.....	1
"Nervous" to some degree.....	109
Very nervous.....	25
Nervous.....	72
Apprehensive, fearful, depressed, irritable, wakeful.....	9
Hyperesthesia, spring neurosis, hysteria formerly.....	1
Organic or functional diagnosis.....	32
Anemia.....	18
Tuberculosis formerly.....	7
"Fits" formerly.....	2
Exophthalmic goitre.....	2
Hypothyroid.....	1
Heart disorder.....	1
Deformed.....	1

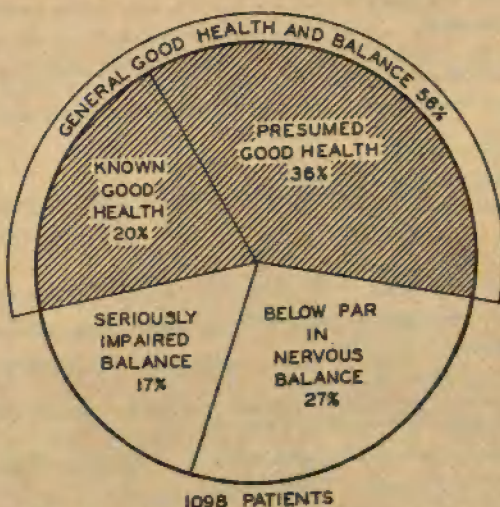


FIG. 6. BASIC HEALTH AND NERVOUS BALANCE OF 1,098 GYNECOLOGICAL AND OBSTETRICAL PATIENTS STUDIED FOR ADJUSTMENT IN MARRIAGE

These notes were made almost altogether before the days of endocrinology and there is no way of tracing the thyroid and other conditions which may underlie other causes among the



earlier patients. "Obese" is not precisely defined by weight and height, but many of these women weigh more than 185 pounds. The doctor reckoned neurotic patients as seriously impaired, but evidently had reasons for counting "nervous" and "very nervous" as not of pathological degree.

The 182 women called "seriously impaired" had such pathological disorders as the following:

General nervous disorders.....	112
Neurasthenia (a).....	56
Nervous prostration (b).....	28
Neurotic (c).....	28
"Nearly unbalanced".....	3
Definitely psychotic (d).....	54
Depressive state and melancholia.....	32
Hysteria.....	9
Suicidal impulses.....	7
Homicidal impulses.....	1
Drug addiction.....	3
Sexual hypochondria.....	2
Serious mental disease and deterioration (e).....	12
Insanity, unspecified.....	8
Manic depressive.....	1
Puerperal mania.....	1
Senile dementia.....	1
Senile deterioration.....	1
Epilepsy.....	4

These diagnoses were not, as a rule, made by a psychiatrist or neurologist; therefore a general definition of their meaning as here used is in order:

(a) Neurasthenia—"nerve tire" without disease detectable characterized by all of or most of these:

fatiguability	headache	dysmenorrhea
depression	backache	apprehension
wakefulness	nausea	worry

(b) Nervous prostration—exaggerated form of neurasthenia to point of collapse or incapacity.

(c) Neurotic—general functional disorder expressed as "nervous intensity," "often depressed," "hyperesthetic."

(d) Psychotic—abnormal mental states without detected organic base.

(e) This group either institutionalized at some time or considered subject for institutional care.

## ANATOMICAL DEFECTS

About one-fifth of all the patients are found at some time to have an anatomical defect which might have to do with the sex life. The 90 cases of simple retroversion include those having retroversion after childbirth, which state is usually transient. The distribution in 221 cases was as follows:

Retroversion.....	90
Retroversion with short vagina.....	23
Anteflexion.....	70
With short vagina.....	1
With infantilism.....	6
Short vagina.....	8
Infantilism.....	26
With short vagina.....	4
All reproductive organs.....	2
Vulva and uterus.....	4
Uterus and ovaries.....	3
Ovaries.....	3
Vulva.....	1
Unspecified.....	9
Deformed pelvis.....	5

This means that between three and four per cent of all have an infantilism or defective development of the sex organs which counts against sex life and fertility.

## OPERATIONS AND ILLNESSES

The records contain accounts of nearly 300 operations of which 140 have a possible connection with the sexual life, and 39 are double oophorectomies. It is not possible to establish any general connection between a double oophorectomy and sexual desire. Quite as readily a hysterectomy (with or without the removal of one ovary) may be associated by the patient with her presumed loss of sexual desire. Nine cases of double oophorectomy were in wives adjusted without complaint to marriage and five more in the control group. Among 84 women having perineal repairs, there is but one indication of a perineorrhaphy having caused sexual discomfort by leaving a too narrow introitus. Only eight perineorrhaphies were performed in the 175 cases of dyspareunia; there was no incision for vaginismus.



The general histories of illness and operations follow the line established in the first diagnosis. More than one-third continue to be concerned with problems of childbirth as discussed in the chapter on Fertility. There are 94 (over 9 per cent) affected at some time with venereal disease: 74 of these cases being gonorrhea by clinical evidence; with 13 syphilis, and 7 both syphilis and gonorrhea. These venereal diseases are distributed with some reference to the unhappiness of the marriage.

Three deaths were from cancer, one of pregnancy complicated with fibroid, one each of hemophilia, Bright's disease and heart disease. So far as is known all but seven of these patients were still living when the records were completed.

## CHAPTER IV

### ANATOMICAL EVIDENCE OF SEX EXPERIENCE

*PELVIC anatomy of the living, studied with the eye and measured with the fingers, is here considered to furnish important clues to sex practice and to some aspects of emotional responsiveness. The appearance of the vulva indicates elements of self-experience, the hymen exhibits the presence or absence of heterosexual experience, the vagina may record the history of mating. Behavior and physiological manifestations during pelvic examination are corroborative agents for the foregoing.*

AFTER TEN YEARS of practice the gynecologist began to observe that certain anatomical alterations or physiological responses apparently bore a more or less definite relation to particular sex experiences and emotional states. He thereupon began to enter on records of patients rather full notes and measurements concerning these findings or states. Later when the records had accumulated to where he could make statistical studies, he became convinced that evidence of sexual habit might be presented in several anatomical signs besides those commonly noted. This chapter gives his theories or beliefs, based on such studies.

These signs have a very practical aspect. There are certain questions important in the diagnosis and treatment of sex problems which may be asked, or pressed, only if there is warrant for them. Otherwise they might be injudicious, merely curious, or even, under certain circumstances, insulting. These physical findings and the inferences drawn from them occur with considerable frequency, but it may be observed that they fall into categories that are few in number. In this volume the explanations of the reasons for these conclusions are given in mere outline. Full details and illustrations are given in a subsequent volume of this series, devoted to human sex anatomy.



It will be seen that this particular correlation carried on for thirty years began when it became evident that detailed entries on anatomical findings were called for as a matter of confirmation or contradiction of the patient's story. It was at once evident that such data would need to go much further than the six or seven analogous correlations in medical text books, and must cover new ground as well as old.

Such an attitude had in it nothing novel, even in this field. It has always been customary to discredit certain affirmations if they are at variance with the clear testimony given by physical findings. Two examples of such affirmations are the claim of virginity in the presence of injuries that can be produced only by childbirth; or a husband's insistence on potency and entry in the presence of a small and inelastic opening in the hymen. In the history of medicine the patient's statement of experience has long been checked up against the findings on physical examination in four particular matters, namely: pregnancy, rape, syphilis and gonorrhea. But there are other items that have not been subjected to full observation on considerable series of cases. Some of these are (1) degrees of distensibility of the hymen, and their causes; (2) vaginal dimensions and surfaces; (3) extent of the excursion of the clitoris; and (4) the four varieties of marked alteration in and about the labia minora and vestibule; (5) the relation to a statement or denial of years of manipulation. Do hymen and labium document sex practice? Can they register stages or degrees or duration?

Here follow examples of anatomical conditions found to accompany specific statements of sex practice in sufficiently large numbers to warrant the application of the deduction to all patients. The measurements in terms of the average male hand are explained in the accompanying scale. These conclusions are based on studies of thousands of records, many of which are not included in this volume, or even in this series.

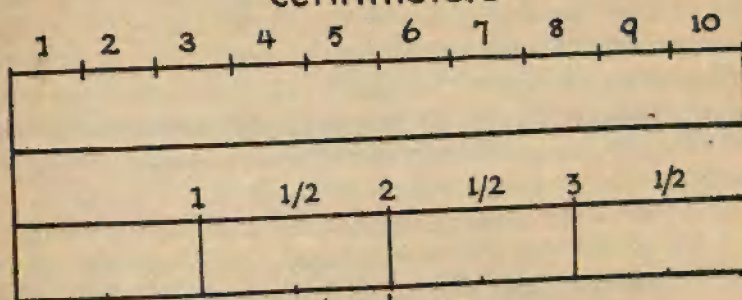
#### THE HYMEN AND INTROITUS

1. The hymen unentered by male organ or by two fingers, or by full size speculum or pessary, and unaltered by douche treat-

# HAND SCALE OF MEASUREMENTS IN PELVIC ANATOMY

Found to be as accurate practically as the Kelly calibrator, or metal cone with scale, and handier

centimeters



inches

	Diameter	
	Centi- meters	Inches
<i>Size of hymen and introitus:</i>		
"One finger, one joint" (index to first phalanx).....	1.5	$\frac{1}{2}$
"One finger" (index completely passed in).....	2.5	1
"Two fingers, two joints" (to second phalanx).....	3.5	$1\frac{1}{2}$
"Two fingers" (index and second completely in)....	4.0	$1\frac{1}{2}$
"Three fingers, two joints," (coned, to second phalanx).....	4.0	$1\frac{1}{2}$
"Three fingers, three joints" (coned, all in but main joint of index).....	4.5	$1\frac{1}{2}$
"Four fingers, two joints" (coned, to second phalanx).....	4.5	$1\frac{1}{2}$
"Three fingers" (completely passed in).....	5.5	$2\frac{1}{2}$
"Four fingers, three joints" (to third phalanx)....	5.5	$2\frac{1}{2}$
All hand except thumb.....	7.5	3
Whole hand.....	8.0	$3\frac{1}{2}$
Fist, closed.....	9.0	$3\frac{1}{2}$
<i>Distances from sub-pubic arch:</i>		
Index finger, one joint to first knuckle.....	2.5	1
Index finger, two joints to second knuckle.....	5.0	2
Index finger, three joints (to third knuckle).....	10.0	4
Index and middle finger together to one joint, middle finger.....	2.5	1
Index and middle finger together from point of middle finger: to web between fingers.....	10.0	4
Index and middle finger together to knuckle of index..	12.5	5
Index and middle finger together to root of thumb....	15.0	6
<i>Across fingers:</i>		
One finger.....	1.5	$\frac{1}{2}$
Two fingers.....	3.0	$1\frac{1}{2}$



ment, is sensitive, sharp of edge to the examining finger, and admits no more than the full length of one adult male digit, (equal to a diameter of 2.5 cm. or 1 inch).

2. The worn, outrolled, or easily outrolled hymen, with radiating flutings on its vaginal aspect which are in process of being ironed out, has been subjected to vigorous and frequent intercourse, and shows degrees of change proportionate to the activity.

3. The size of the introitus found with a pelvic floor untorn after labor (or the size after proper repair) furnishes fairly clear evidence of continuance or vigor of coital habit. A gradual lessening of diameter gives the clue to cessation of coitus, particularly if this change occurs at or near the menopause. Ready passage of the whole of the two examining fingers of the average male is the minimum diameter for the phallus of the adult and potent male (4 cm.,  $1\frac{5}{8}$  inch). Establishment or maintenance of distensibility by regular gynecological treatment with a full sized speculum, or by other dilating agency, is not to be forgotten as adequate explanation of such diameters of the introitus.

4. Un-nicked distensibility, up to high degrees, even to elasticity permitting the full-term head to pass without nick of the membrane, is the result of gradual early dilation and later vigorous stretching. The highest degree of such distensibility is due to manual friction, either by self or by another; only infrequently to instrumental friction; and least often from violent, oft repeated coitus.

5. An index to the elasticity of the hymen is found in the fact that any hymen except the thick, rigid type may be self-stretched before the wedding without pain or nicking, by a ten or fourteen days' digital attention, thus avoiding physical dyspareunia.

#### THE VULVA

There are special changes about the external genitals which point to oft repeated and prolonged self-excitation. These affect chiefly the labia minora: thickened, elongated, curled on themselves, thrown into tiny, close-set, unequal folds that cross at all angles as in a cockscorn, or like the transient contraction of scrotal skin under sharp cold, the typical lesser labia protrude in

all positions through the larger lips. The duskiess of the pigmentation varies with the general type of coloring.

One labium is sometimes greater than its fellow; the follicles are often conspicuous as whitish or yellowish spots, sometimes projecting and often giving to the finger the sensation of bedded grains of sand. The prepuce in half the cases, the fourchette or perineum in one-sixth, share in this corrugation or thickening or are alone affected. Veins near the clitoris stand out in one fifth, and tabs alongside the meatus protrude nearly as often. Enlargement of the clitoris occurs in about ten per cent. Increase in the range of antero-posterior mobility of the glans of the clitoris is usual and sometimes very great. Increased strength and thickness of the muscles of the pelvic floor is found in forty per cent.

The stages of development from uncorrugated small labia, through acute edema to large cockscomb growths, and finally to the smooth atrophy of drooping curtains, have been followed through decades in large numbers of cases, with correlated and admitted behavior in scores of instances. As studied in 1,000 consecutive records of gynecological patients (not this series) some part or the whole of the above alterations clearly showed in more than a third; while in the 150 neurotics of this group they were found in 60 per cent. In 30 per cent of 427 women with these marked vulvar changes, there were (whether volunteered or in response to questions) complete statements of regularly recurrent congestion and detumescence from digital friction, or from pressure with the thighs or against a pillow or even a heel. Most of this evidence has been published and illustrated in detail and will appear, expanded, in a volume of this series.

#### THE VAGINA

The studies from which conclusions are drawn concerning the vagina were made on life-size diagrams. These were plotted after making measurements of the distensibilities and axes of the vaginal wall and from notes on the lining; they include virgins, married women before and after labor, and some of the same patients at different stages in their history. These drawings



show the increased elasticity and size of the vagina after marriage, after labor, and after wearing retroversion pessaries. They furnish corroboration of histories and sex behavior, illustrating such points as frequency and vigor of coitus, posture in coitus, potency of the male, and habits of extreme digital or other distension of the passage. The size, power, reactions and rhythm of contraction of the pelvic floor muscles give information concerning vaginal types of coital orgasm and capacity for retention of semen. Some clues to dyspareunia are forthcoming.

#### THE BREAST

Capacity for marked corrugation of the areola in diagonal or circular ridges, elevation of follicles and nipple and mild chronic bilateral mastitis are not uncommon accompaniment to the vulvar signs in patients given to prolonged self-excitation.

#### EROTICISM

When noted at examination, the degree of apparent erotic excitation may serve to check up on the statements of the patient, being important chiefly where sexual excitability or response is flatly denied, or marked chronic or oft recurrent erythism is suspected as a cause of general pelvic congestion or pelvic pain.

One notes habitual rhythmic swing of the hips in walking; restless behavior on the table (apart from nervousness); unnecessary exposure (exhibitionism); marked corrugation of the areola or quick erectibility of follicles and nipples in the non-pregnant and non-nursing; marked vulvar hypertrophies and varicosities, free glairy secretion; the discoloration of congestion; protrusion of one or both bulbs of the vestibule; projection and excursion, and (infrequently) erection, of the clitoris; general vaginal congestion; jumpiness of pelvic floor muscles, either irritable or rhythmic; purplish or deep red congestion of cervix with outpour of clear mucus; varicosities of broad ligaments, and particularly the combinations of these signs—free mucous discharge being the most common symptom.

The first examination is the time of most frequent reaction. The brief and business-like manner of this examination teaches the patient to expect an impersonal attitude on the part of the doctor, and local reaction therefore does not often result during later treatments. The discomfort of pain, purposely associated with this procedure by the physician in such cases, also has an effect.



## CHAPTER V

### AN INDEX TO MARRIAGE

QUANTITATIVE data about sexual relationships are here isolated as an index to adjustment in marriage. The median couple has intercourse once or twice a week, for a period of intromission lasting five to ten minutes, the husband's orgasm sure, the wife's doubtful. Without a positive result, the latter obtains a negative reaction physically depressing and mentally reluctant. Variations from this habit go from daily to yearly in extremes of frequency, from a moment to an hour in duration and from "repeatedly" to "never" in orgasm.

COITUS is an index to marriage. If the data in this study reinforce any one concept it is that satisfactory sexual relations are necessary to fully adjusted and successful union.

In this connection the word "satisfactory" is beyond definition; research cannot add to or take away one letter from its stature. But on the basis of such externals as can be objectively stated, it is of interest to know the variety and range of practice in coitus in many marriages. These data are available for some of this group. They are here assembled, with the proper scepticism as to their comparability and presented without any reach toward an inner meaning.

This chapter then is the husk: that tough and inseparable element which has something to do with the core. It is an attempt to isolate the quantitative facts about mystery.

The important accounts available are the wife's statement as to the frequency of intercourse, the length of the time of intromission, and whether or not the woman's experience was complete.

#### FREQUENCY

Excluding from present consideration all forms of erotic play, and being concerned entirely with union by intromission, the

facts about length of the interval between one coitus and the next, as given by about one-half the cases, are as in Figure 7 accompanying, and Table VIII.

This is to say that the average couple has intercourse twice a week or oftener, the emphasis leaning toward three times; but the two extremes of practice are very far apart: either daily union or none. Frequency gives no clue to vigor, interest nor erotic satisfaction. Once a week may be more completely satis-

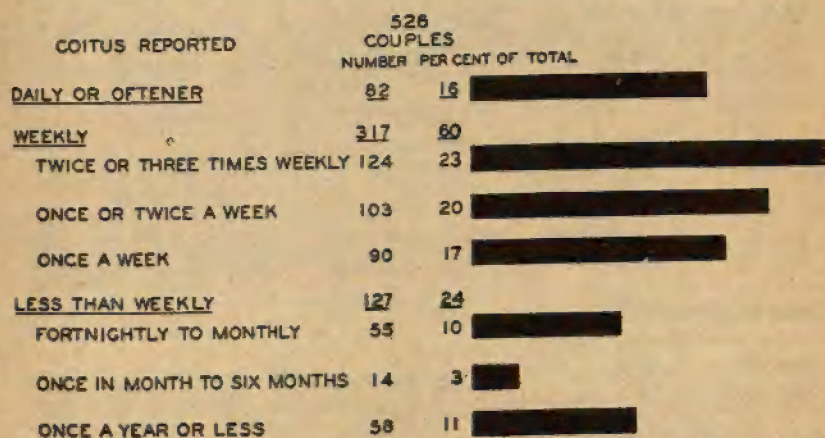


FIG. 7. FREQUENCY OF COITUS REPORTED BY 526 COUPLES

Bars show per cent reporting each frequency

factory than once a day and the numerical index is given not because it is significant, but merely because it is measurable. The account of the wife is, approximately, that the husband would like coitus three times a week, she would be willing once, and they compromise on twice. The story of the husband's greater desire and the wife's limited frequency is a discrepancy discussed later among the various forms of maladjustment. The rhythm quoted, so far as known, represents the routine of life at the time the records were taken, which covered all seasons with fair evenness except summer. Spring, holidays, vacation, traveling,



freedom from work and from responsibility increase desire. The conditions which are opposite from freedom and joy, such as overwork, fatigue and struggle, effect a decrease in coitus. But there are isolated emergencies of strain and low feeling in which desire is greater, functioning as a release.

Usually, but not always, frequency has to do with the wife's interest in coitus. Of wives who are adjusted to marriage without complaint, the large majority are having coitus once a week or oftener. Women who are confessedly antipathetic have a lower frequency than others. Widows speaking in retrospect report a consistently high ratio. In pregnancy, coitus is accelerated or it

TABLE VIII  
FREQUENCY OF COITUS REPORTED IN 526 CASES

Frequency	Cases Reporting		
	Number	Per Cent	
		Each Interval	Cumulative
Daily or oftener.....	82	16	16
Two or three times a week.....	124	24	40
Once or twice a week.....	103	20	60
Once a week or ten days.....	90	17	77
Fortnightly to monthly.....	55	10	87
Once in two to six months.....	14	2	89
Less than once a year.....	58	11	100

disappears. After the first baby it is sometimes delayed for a long interval. Fertility does not vary as frequency of coitus, but the chapter on this subject shows that at the extremes of sexual ardor and coldness there is a hint of this ratio.

An attempt to calculate frequency of intercourse in terms of age decades at the time of reporting yielded no frequency peculiar to given decades or other age periods. Some of the young couples, from fear of conception, through maladjustment or from unassigned cause, have little coitus. The sexual interest of middle-aged and older people, on the contrary, seems to exceed the tradition by which the world classifies them.

That these figures must be regarded as variable within any one

marriage is seen from the fifty-odd cases who give two, three, and four reports about coital frequency at different periods and no two ever alike. They vary from left to right, sometimes more, sometimes less, so that the average remains the same.

## DURATION OF INTROMISSION

The length of time between entry of the male and his ejaculation (again without regard to the total cycle of erotic play) is

TABLE IX  
LENGTH OF INTROMISSION BEFORE EJACULATION

Minutes	Number	Per Cent
Total Reporting.....	362	100
Under five minutes.....	144	40
"Instantly".....	42	12
Two.....	15	4
Three.....	87	24
Five to ten.....	121	34
Five.....	17	5
Five to ten.....	100	28
Ten.....	4	1
Fifteen to twenty.....	63	17
Fifteen.....	35	9
Fifteen to twenty.....	18	5
Twenty.....	10	3
Half hour and over.....	34	9.0
Thirty.....	13	3.5
Thirty to forty-five.....	2	0.5
Sixty.....	3	1.0
Over sixty.....	5	1.0
"Any time".....	11	3.0

known in 362 instances. It appears that the median man holds an erection from five to ten minutes.

The statements are to the effect that every eighth or ninth man discharges "instantly." One in six does not exceed a two minute intromission. In summary, "up to three minutes" exhausts the



staying power of 40 per cent. "From five to fifteen minutes" accounts for 43 per cent more. The remaining 17 per cent can wait for more than fifteen minutes, some of them for any desired length of time. (Table IX).

The prominence of the three-minute staying power, here considered as a low measure, prompts the inquiry as to whether it really is a short time. In three minutes a prize-fighter can see the beginning, middle and end of his round. A horse can run a mile and a half; a plane can fly twelve miles and the radio can go twice around the earth. A man can look at the Cathedral of Chartres and fall back five centuries. Every catastrophe of fire, murder and sudden death can take place in this interval. No time can be longer in the waiting for an earthquake to end. As to their length sexually, it depends. In every case history it is necessary to look for what precedes and what follows it.

Where the wife's lack of orgasm prompts inquiry about a second intromission, the male who can get promptly a second erection and intromission is the exception. There are twenty reports of this ability. A few others quote custom as several intromissions at a time. Another variation is one entry at night and another the next morning and some must await the second night.

#### ORGASM

The traditional end of male intromission is orgasm. Now, it happens here, as in other sexual phenomena, that we rarely know exactly what we are dealing with. Orgasm is something steadily referred to as "It" by many kinds of people. A wife sometimes says she does not know what an orgasm is. A husband who has been married years occasionally says that he does not know whether the wife has orgasm or not. To define orgasm as the physiological peak of the curve of sexual excitement gives no evidence of its quality. This is the region of the asterisk and the imagination.

The poetical near-revelations have to do with one element: "... beams whose beauty burneth." Our parallel for "tried by fire" is "tried by love." Fire music is associated with our

great erotic traditions. "Flaming youth" in the vernacular means flaming in regard to sex. The death of the widow upon the husband's funeral pyre is the historic symbol of final union. The occasional murders in which a woman is consumed by fire lead the police straight to the man who might have had warrant for saying, "At least she shall burn once for me." These thousand histories contain an account of a widow who upon her husband's death burned his books, clothes, watch and all his intimate personal possessions. The entire connotations of fire are of the most intense and irrevocable element we know.

Fire burns out into oblivion. Beyond the peak, on the other side, there is, for the time being, nothing.

Practically, we deal with nothing as simple as fire. These data are from less than half the total number of cases; but in more than half of those reporting something prevents the wife's orgasm in mutual climax. Without knowing how frequently couples achieve orgasm together, it is apparent that many have it only separately if at all.

Again, statements as to ejaculation imply a completion of the male cycle, which is not necessarily true. Twenty-nine of these men are impotent and three more can not bring themselves to the point of ejaculation with the wife. As to the completion of the female cycle, in about one quarter of the known cases, the dual relationship with the husband has never been completed. (See Table X.)

This tabulation says that two out of every five women replied promptly without going into particulars, that they had orgasm. This does not specify before, after, or simultaneously with the husband. Two more had never experienced it or but rarely; or had lost a former capacity. The fifth woman had orgasm sometimes; she could not absolutely count on it, and sometimes got it by the secondary method of clitoris friction.

Precise accounts of orgasm as obtained by groups in varying degrees of sexual adjustment indicate that twelve per cent of the women who were adjusted without complaint to marriage never had orgasm with the husband, and that fifteen per cent of the women who were sexually unhappy never had.



The more intensive observation of orgasm which follows first began with the infertile who greatly desired children. As the obvious causes which might keep them from parenthood were counted out, one by one, they turned to examination of what they had supposed to be minor things, such as methods in coitus.

Husbands or wives who were physicians or laboratory technicians were usually interested in this point. The observations made by the patient herself, by her husband, or in very rare instances by the physician during his examinations have centered on various matters of controversy about which there are few reliable data. Yet some of them involve matters having an important bearing on the treatment of sterility and on contra-

TABLE X  
WIFE'S EXPERIENCE WITH ORGASM IN COITUS AS REPORTED IN 442 CASES

	Number	Per Cent
Experienced ever.....	327	74
"Yes".....	170	40
Usually.....	12	2
By clitoris friction.....	15	3
Sometimes.....	68	15
Rarely.....	45	10
Formerly, not now.....	17	4
Not experienced with husband.....	115	26

ceptive devices. (The literature and our unpublished collected reports on orgasm belong in another volume and the matter is only outlined here in the interest of completeness of schedule.)

The items under observation are the location of excitable areas, either as over the whole vulva or in special parts of it, or inside the vagina; the preferred methods and duration and repetition of friction or pressure; the amount of clear secretion; the duration and character of preliminaries.

Points relevant about orgasm are: the time of month in relation to the period, frequency per month and per session; preponderance of vulvar or vaginal sensation; the average duration of orgasm in seconds, the number of rhythmic contractions of pelvic floor

muscles, if any; closure of introitus following the type of orgasm that centers in the vagina.

The cervix should be observed for congestion, softening, descent, opening of external os, excretion of clear mucus therefrom, the insuck of such mucus (or of lubricant bearing a stain) during or after the climax.

The evidence is unable exactly to differentiate between vulvar and vaginal sensation. A woman will say that she can hardly feel the phallus in the vagina—but at the same moment, in phantasy, she wants to tell the husband that he is “inside the uterus.”

The typical orgasm in the few cases going into details is of an ecstatic diffusion of sensation centered in the vulva. Cases where the wife gets orgasm afterward by clitoris friction, or knows that she might, although she does not ask for or permit it, are additional evidence on this point. There are not many accounts of exclusively vaginal orgasm, though the patient rather often says feeling is both vulvar and vaginal. The doctor's hypothesis is that about one-third of these patients have active pleasure only in the vulva, but that even so, they want intromission.

Two or three women describe in detail the levator throb or closure and believe that the cervix opens and the uterus descends. “I can feel my uterus reaching out to take in the semen.” Nearly everyone can contract the levator, or more accurately the group of pelvic floor muscles, voluntarily, but few can give any data beyond a bare yes or no about its involuntary throbbing (rhythmic contraction and relaxation) at the climax.

There are 120 entries of the duration of orgasm, made by twelve different couples. The male and female are much alike. Average duration of orgasm is fifteen seconds, with the range of duration from five to ninety seconds. The records contain the observations of eight couples about levator throbs in orgasm—counted at the rate of one per second and lasting for fifteen to thirty seconds; and sometimes continuing in this tempo after strong feeling has passed. Repeated, approximately the same rate was observed on subsequent tests. One husband and wife made twelve



observations. A typical account of orgasm is appended. (*Case 513k.*)

Among women who get orgasm, it happens occasionally that one may get three or four to the husband's one. The complement to the man who had a dozen ejaculations in the same night is the woman who tells it and says that she had orgasm every time. This is the maximum for either sex in this series. The doctor has from a trustworthy source a report of thirty vigorous orgasms within two hours on the part of a wife; for whom twenty were possible at any time without exhaustion. The husband on these occasions would have two emissions in that time.

The records contain isolated instances of orgasm obtained from nipple suction, from lying beside another, from nursing a baby, from pressing (fully dressed) against another, from a shampoo at the hands of a male hairdresser, from a look, from a kiss, from touching the eye or the ear, from a handclasp, and from a picture of a flower which contains no figure and no likeness to any person or scene. After marriage there are accounts of orgasm obtained only after a quarrel, or after fear, in connection with the need for secrecy, or some reproduction of early conditions which made this exciting. Also of orgasm only on (supposititious) contact with the cervix, or the touching of unusual places in the vagina.

It seems very important that many women are able after instruction to get something which they call orgasm, when they failed before instruction. Also it is important negative evidence that orgasm is so seldom voluntarily mentioned as coming most easily in the vicinity of the menstrual period, although heightened sexual desire is thus associated.

#### NOT-ORGASM

Coitus is an experience designed to be positive, and inevitably affective. What does the wife have when she does not have orgasm?

In 415 cases of sexual maladjustment there are 329 reports of the nature of the wife's attitude to coitus. When those who say they have an agreeable feeling with pleasant after-results are

called positive and those who are in protest afterward are called negative, the summary is as follows:

Positive.....	49
"Indifferent".....	105
Verging toward distaste.....	29
Negative.....	146

Typical negative attitudes include dread, hatred, disgust, the cases where the husband "uses me to enjoy," those of revulsion from nakedness and from the sight or touch of his genitals, from his kisses, and minor varieties of distaste.

When the wife says she is "indifferent" to coitus it is necessary to remember how indifferent the child is when the block house he is building is knocked down. On the assumption that there is no "indifference," the number claiming it is cut in half and one half added to the positive and the other to the negative, making:

Positive.....	102
Negative.....	227

This allotment is over optimistic, for "indifference" really means a going toward the negative side. There may be valleys of indifference between these mountain peaks of yes and no, but probably not wide valleys. Regular and active habits of union must be in the end replaced by something equally active. Hostility in marriage has enormous driving force.

Hostility may also be expressed within physical limits. In these cases of negation and verging towards distaste, there are sixteen reports of after-depression in the husband and 150 in which the wife emphasizes the physical reaction to intercourse:

Insomnia and restlessness.....	54
Painful entry or no entry.....	50
Feeling of depression and misery.....	25
Hysteria, fainting, vomiting, burning eyes, swelling neck.....	21

Accounts of physical depression and distaste are not exclusive from those of mental shock, both may be recounted together.

While no comparison in measurable terms is possible, the weight of the evidence indicates that physical and mental aversions may



alternate. An important clue is here provided by the difference between the frigid wife and the wife with dyspareunia. The former is verbose, a great talker—his method, manners, his finances, his family, her wrongs. The latter frequently lets the introitus say it all; it does not, she says, permit coitus. For this and other reasons it is to be suspected that the more physical fuss and effect, the less mental reverberation, and vice versa.

#### METHOD

Next to the particulars of frequency, length of intromission and orgasm, accounts of method of coitus are likely to stress posture.

The face to face position with the woman beneath, legs straight, or knees flexed, and feet on bed, or thighs flexed back against abdomen, or with her legs about his waist, is the most usual. Although one patient did bring a book about fifty-nine ways of having coitus, remarking that she had tried most of them, the average couple prefer one posture even after trying a variety. This position is the dorsal with her knees bent. The reversal of the woman's position when used as experiment is apparently accepted with reluctance by both men and women. Occasionally it works well, as the man can hold back better or the woman succeed in reaching a climax. The position of rear entry is half a dozen times characterized as more exciting but less satisfying. Isolated cases use entry from the side; diagonally with her legs across his thigh; the man sitting in a chair with the woman facing him astride upon his knees; a similar position on the edge of a bed, one foot on the bed and one on the floor; two say that they have used anal coitus "long ago when I was young." Ten couples habitually use cunnilingus, fellatio or soixante-neuf. Many more try it occasionally.

When there is no prelude, "not even a kiss," and "he goes straight for coitus," etc., the wife is outraged. Elaborate preliminary kissing of the lips and the deep kiss, clasping of the hands, caressing of the breasts and the whole body in most cases precedes intromission, occasionally biting of neck or ear, or nipple suction.

Some of the histories antedate general acceptance of contraception. With these the typical attitude to contraceptives is a shock at their first use which gradually falls into routine like brushing the teeth. These matters lean so little upon reason that lubrication of the condom may seem "unnatural" after years of its use without lubrication. Devices for the prevention of conception which are accepted with so much difficulty at first, have in one instance been incorporated into the fibre of passionate preliminaries.

Chance accounts are sometimes given of coitus in elaborate settings—moonlight, high noon and dawn; outdoors, on a mountain, by the sea, with mirrors or with flowers, with a rose colored gown. Where one patient mentions "flocks of electric lights," a hundred, particularly at first, stipulate for no lights at all. The usual setting is night and darkness, as prescribed by orthodox Jewish Law.

In the statement that coitus is an index to marriage, the clue is not frequency, not length of intromission, not even orgasm in the wife, but rather the total satisfaction which is parallel with, or even in spite of this framework.

As the text now turns to marriages which are not satisfactory, there may be noted in them the repeated recurrence of dissatisfaction in these three structural elements of coitus. As the wife unhappy in marriage is also the one who is most communicative there begins here also the chronicle of those inner qualities and needs of which deficiencies in sexual union are often merely the reflection.

*Case 319.* A professional man of distinction writes: "Here I have been married twenty years and the lady of my heart has been ready maybe twenty times. It did not occur to me that there was any help for it but a friend told me recently that I should have consulted a doctor. She was born leisurely, bless her heart, misses trains, arrives for the second act. I am fifty-two, good health, normal blood pressure, no nervous disorder, emission is usually four or five seconds after entry. I am impatient of delay in all sorts of business, want things hustled up, maybe the trouble is temperamental. Can you tell me of a book on marital hygiene?" . . . Coitus has been once a month and his instant



emission has left her greatly excited. For prevention boroglyceride suppositories with a douche after.

The wife is intelligent, lean, quiet and slow; forty years old; three sons; enteroptosis; vulva insensitive, not erotic; meatus small; clitoris large, labia moderately corrugated; vaginal wall smooth; some chronic mastitis; introitus 7 cm. in diameter.

In a year, by his study of the matter, and after rest for months, the husband reports a normal sex relation and "everything all right." . . . At forty-five there is a little rectocele and cystocele due to outroll of vagina, yet an active levator.

At sixty-three the vagina is four and a half inches posterior reach, three inches anterior, inflexible, smooth, introitus three fingers three joints, snug. Coitus is still once a month; he is slower in response, she quicker. "Thanks to your making me put my mind on it, I respond half the time."

*Case 463.* They are continuously unhappy after fifteen years.

He is impotent. She says, "He wants to hold on tight with one hand while he devils around with the other, and I am to wait results, to be ready to welcome with open arms, to comfort and solace if expectations are not realized. I'll be eternally damned first."

He says, "I was a good boy, as the saying goes, too darned good, and never had any sex promptings. In our three year engagement, it was a year and a half before they came to the front. In my purely aesthetic fancies I was always drawn to brunettes and I had a great deal of indecision, after it was settled as to my wedding, if I had made a mistake.

"These feelings of mismating have gotten worse. Now I am always on the lookout for the type that attracts me and there is a constant feeling of lack of satisfaction. Desire for sexual contact with my wife waned and is now gone. After intercourse, which has always been with a condom, I often feel unsatisfied and have sometimes masturbated soon after, though I did not masturbate in youth.

"When I told this to a urologist, he told me to go outside. This I did not do; from moral standards I could not pick up anyone. I have dallied with girls but never could bring myself to go farther. All my dreams of people were the type I seemed to crave. Hair seems to be a sexual fetish, especially dark hair on the genitals.

"To make matters worse I have met a young woman who attracted me greatly; she is exactly the type I crave and is passionately fond of me.

We have been pretty close to the complete sexual act but our scruples have kept us from it. We both regret ever having met, and it proves that could I get what I want, I should be better nervously. I have a hair trigger conscience and what I have already done gets me terribly. I am so unhappy and I am such a silly fool that I have told my wife about it. It has now almost come to pass that the only time I can have any kind of successful intercourse with her is after I have been with this other girl, even if I never touch her. She suspects the real party and has threatened to kill her. I went to a show with the girl, was supremely happy and able to come home and acquitted myself pretty well, but with no psychic pleasure. I have promised my wife on my honor not to have intercourse with the girl.

"My wife has been a fine companion but I have missed something else. If I did not get consent to wander, remorse would follow me day and night. On the other hand is misery till I die. . . . One of my phobias is death.

"My wife has threatened to tell you what a degenerate I am. I know she has not the nerve to do so, though I wish she would. She has a terrible power of intuition and must not know that I have seen you."

*Case 513 K.* The observations following were made by the patient's husband, a doctor, very much interested in exact records:

"In orgasm in coitus, taken at three intervals computing on the basis of counting "1001," "1002," as representing seconds, she has from twenty to thirty levator throbs one and a half seconds apart, the interval lengthening at the end. Voluntary levator contractions give her no excitement with husband, or without, and no increase in orgasm, but her orgasm is a levator throb. There is no closing down after the orgasm of the levator throb. She says she has both clitoris climax and vaginal orgasm, with pleasure more on the outside.

"In self-induced orgasm, the wife was lying on the side. She grasped the clitoris between the thumb and top of middle finger, the other fingers on labia minora. The clitoris is very small with long excursion. Its appearance and erection is only moderately suggestive of its part in the orgasm. Some motion of the labia occurs; a rhythm of twenty or thirty pushes for one-half inch followed by one or two long slow strokes went on without intermission for twenty minutes. At the beginning the cervix swelled and became purplish. The lateral walls swelled notably in the bivalve, almost closing across from bulb erection.



After the first ten minutes (he often excites her in this way in the beginning, then the penis inside is sufficient) the mucus from the cervix came clearly and freely in several drops but none from the vulva or vagina. The cervix was more purple and swelling now and further along. At the stage of deeply congested swelling of the lateral vaginal walls the cervix swelled itself deeply into the speculum. The walls of the vagina bulged as if they were to meet and the observer looking through a Taylor bivalve speculum is obliged to push one bulge side-wise to see the cervix; this must mean varicose deep vaginal structures.

"In orgasm there was moderate hip motion, twenty-five levator throbs, a moderately strong climax and *no insuck of cervical mucus.*"

PART TWO  
THE BEGINNING AND THE EXTREMES

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## CHAPTER VI

### BRIDES

*FIFTY young couples approach the marriage rites on the spiritual side with their personal ceremonies of love. They are contented, in good health and with excellent professional training, but have difficulties of sexual technique, even when fear of pregnancy is not a factor. The typical bride is unable to feel ardently responsive and seems to herself in regression from the glow of engagement. The marital pattern takes shape early. Premarital instruction and anatomical correction secured in these cases a measurable difference in immediate success in sexual adjustment. The case histories record ignorance, lack of passion, dyspareunia, absence of orgasm, inquiry about contraception and accounts of sexual development.*

**A** STUDY OF ADJUSTMENT in marriage may properly begin with the newly married. The ingredients of adjustment are here in flux. At a time of innocence, good motives, leisure, and ready communication, such evidence about new marriage as is available is subtle and comes from near the source. The function of good intentions and the forces which complicate the supposedly simple processes of nature are in these cases stripped to the kernel.

The bride, as the term is used here, is a young woman approaching the functional expression of adult life in a profound general and technical ignorance, compensated for by elaborate ceremonial. The series concerned begins about 1900, but enough were gathered after 1920 to justify calling the material contemporary.

Divorce news on the society page reverts to the brilliance of the wedding. This is a way of saying with the tongue in the cheek, that there is a period of illusion. The recognition of this period expressed in property agreements, gifts, feasting, ritual, music, flowers, the bridal veil, the attendants, and the giving in marriage is old, developed by many races and countries. In the old days, marriage feasts lasted longer than ours and were more elaborate;

public attention was centered on the physical consummation of marriage and the ceremonies contained the sly witticisms of the experienced against the novice.

Remnants of this patronage linger with us in the old-fashioned charivari and in the jokes and stigmata of "just married" customary in all levels of society. The initiate wants to act the sophomore and to pass on the persecution and the ignorance which he has survived. Then sentimental aspirations are prolonged into attitudes about marriage and their maintenance forbids the emergence of the crudely factual. Considerations of income and family are met reluctantly and the purely physical is a taboo. Only the vernacular approaches it in folk tales.

The fifty cases here studied have two conspicuous qualities. One is the multiplication of ceremonial, the other the revelation of ignorance.

#### CEREMONIAL

The ceremonial multiplies out of the desire to invent something original for the honeymoon, especially for the first mating. This is to be a beautiful secret never discovered by man before, never invented afterward. Poets and novelists let the world know how this impulse works, so that waiting imagination is fired with material.

In these histories early marital lovemaking wants to get back to elemental things. Primitive man and woman again have first coitus outdoors, before a fire, among trees, upon a mountain top, and by the sea. Others refrain from coitus for an agreed upon period of denial or proceed with it only according to certain stages,—that is, following or developing a ritual. Prayer before coitus appears spontaneously in couples who know nothing about savage tribal customs and who do not ordinarily pray.

The ceremonials developed by modern young couples frequently revive in a romantic form the old idea of marriage by barter; each giving or pledging something in exchange for the other's gift. The other side of giving is taking. In the newly married the double significance of this desire focuses in the emphasis on the virginity of the woman. The intact hymen of "anatomical



virtue" assumes importance. The young man thinks that he must "break something" and the young woman thinks that "something must be broken." Anatomy thus provides basis for a form of ceremonial. The doctor may protest at such terms as "rupture" of the hymen, when there is normally no more than a nick, but the big word persists to magnify the ritual.

Suspense looks for an elaborate symbol, an affirmation in blood. The historical sources of this attitude reach far back. A Syrian patient was required to send her stained napkin home to Beirut for preservation in the family archives with the title deeds. Variations of the tradition of the wedding nightgown still exist even in highly conventionalized urban groups.

The following ceremonial was devised by a man in the thirties during his engagement to a girl a few years younger:

"We can assume that we will have first a church wedding and let your Mother give a breakfast, and that we then escape to some place in the woods.

"We then have the rest of the afternoon to wander in the woods and play, for we will always be partly children together.

"Then comes our own first supper. We might look up books of folk-lore and find a quaint wedding-supper ceremony.

"After supper I imagine our real wedding as beginning in talking about the finest thoughts to which we have responded: the thinkers, the essayists, the poets who have thrilled us: the nobility of thought to which the nobility in our souls has responded. Thus our minds are wedded.

"Then come our hearts. We talk of the feeling we have, the tender, the fine. Here we will know of poets, and music and color and Nature and religion. Then we may talk more of each other.

"Finally we will prepare our bedroom for the night, and then retire to undress, in separate rooms, and clothe ourselves perhaps in a robe of some sort, returning to the bedroom to face each other at the side of our bed.

"This part of the ceremony might take the form of religious wedding ceremonies—perhaps it would read like this:

The Woman shall hold out her hands to the Man and say:  
 'Sharer of the warmth of my heart and the light of my soul,  
 I have also a body to share with you. In gladness and hope,  
 without the shadow of doubt or fear, I ask you to share the  
 life of my body.'

And the Man shall reply to the Woman:

'You also have shared my mind and heart. As we have  
 joined our hearts and souls in sharing them one with the  
 other; so let us join our bodies, that mine may become also  
 yours, and yours mine.'

And the Woman, preparing to disrobe, shall say:

'As I have revealed my heart and mind, so they might be  
 yours also, so I now reveal my body to you.'

And the Man, preparing to disrobe, shall say:

'Let the revealing of our bodies, the one to the other, sym-  
 bolize the revelation we have made of heart and soul,  
 strengthen it, and perpetuate it.' "

#### IGNORANCE

The man hesitates, the girl fears. These are symptoms, helped  
 by factual inadequacy. Both together have only a very limited  
 background of knowledge, a knowledge which might (and should)  
 be freely available to laymen. We now set down categorically a  
 list of the items in which accurate significant information is  
 lacking:

- (1) Woman's anatomy
- (2) Her physiology, especially as to menstrual and ovarian function and the  
 rest of the reproduction cycle; its possible mental and emotional  
 meaning
- (3) The theory of psycho-sexual relationships
- (4) Methods of effecting painless entry of the virgin hymen at early coitus
- (5) The cycle of coitus—its preludes, rhythm, mechanics, stages, completion;  
 the physiological interpretation, emotional, and social implications
- (6) Comprehension of the roots of sexual life in childhood experience, im-  
 agination, and previous practice
- (7) Difference between men and women and possible drifts of each in the  
 psychology of sexual love
- (8) Means of controlling conception



The pre-occupation of early marriage with points (5) and (8) dwarfs general issues. The narratives at the end of this chapter show to what extent. For a beginning, the very initiation into marriage sometimes comes about in extraordinary wise.

A man and his bride for example, do not, they say, want children because they fear to bring them up under present conditions. This attitude prompts to further inquiry. He is a very able business man just over forty years old, a financier, well read, an original thinker, in demand around the council table. It comes out that he had never noticed women and never intended to marry. He had rigorously excluded himself from opportunity to know love during all his life. But he had a spell of sickness which put him in a sanitarium and while there got to talking about love and marriage, "in the abstract" with a convalescent woman patient. She expressed convictions and intentions exactly similar to his, but said she had a desire to find out whether she could really be aroused to passion by any man. They took various drives to woods and isolated places and it was then that she told him she had never seen an erect penis, or semen, and asked him to show her. She began the handling which followed and permitted an intromission from which he withdrew before ejaculation. After this neither of them knew, and had to go to a doctor to find out, whether she had run any risk of pregnancy. They by no means regarded marriage as inevitable but she now became frightened and dependent, and conscience and desire overcame him. In this isolated love incident of his life it seemed to him that he had taken an unfair advantage. They were married; but surely, this was a marriage made in ignorance. How could it happen, in just this way, to a man of national reputation? The material of his case, and of others following, goes to show high intellectual development in coincidence with complete inexperience on the emotional or sexual sides of life.

The present study concerns itself solely with those young women seen chiefly or only in the beginning of their married life, usually not later than its ninth month. Observations about brides made retrospectively in the course of longtime study of their cases, are excluded.

The result of the general lack of intelligent information in these fifty instances is that after less than a year, more than half of them were complaining of sexual difficulty in marriage. Eighteen women had dyspareunia, four were frigid, five had some kind of sexual maladjustment; in sum, there were twenty-seven malcontents against twenty-three presumably adjusted. There were seventeen (in forty-one reporting) who had not been able to effect complete coitus and had had no orgasm. So far as can be discovered, these were preventable difficulties.

#### PERSONAL ENDOWMENT

These wives were young—one half below twenty-five years and only four beyond thirty, beautiful, sometimes wealthy. They were in good health, and with well balanced nervous constitutional structure, only four having any adverse symptoms; one was delicate, one neurotic, one nervous and one suspected of hysteria.

They were well educated. Of twenty-nine with known occupations twenty-five had presumably completed college undergraduate work, some with further technical study and three with the doctor of philosophy degree. Part of the group inclines then toward more training than that of the baccalaureate degree. Those for whom the data are not recorded are probably not of the professional class.

It will be important later to see if education is an important qualifying difference in sexual adjustment. These couples paired by marriage are in wife-husband relation as follows:

Society—Lawyer.....	4	Musician—Engineer.....	1
Teacher—Business.....	2	Statistician—Minister.....	1
Society—Business.....	2	Singer—Insurance.....	1
Clerical—Accountant.....	2	Foreign missionary—Foreign	
College—Engineer.....	2	missionary.....	1
Teacher—Teacher.....	1	Nurse—Writer.....	1
Teacher—Factory Inspector...	1	Business—Dentist.....	1
Architect—Architect.....	1	Teacher—Engineer.....	1
Artist—Artist.....	1	Business—Business.....	1
Artist—Architect.....	1	Commercial design—Realtor...	1
Actress—Artist.....	1		



**LENGTH OF MARRIAGE.** The average bride had been married about four months. At the time of consultation, there had elapsed since marriage:

3 days.....	3	6 months.....	8
15 to 30 days.....	7	7 months.....	2
2 months.....	6	8 months.....	1
3 months.....	4	9 months.....	2
4 months.....	9	1 year.....	4
5 months.....	4		

#### FIRST VISIT

The reason for the first visit was recorded forty-nine times: twenty-seven wives had some problem of sex adjustment, and eight a problem of fertility; with the total problems distributed as follows:

Premarital examination with post marital follow up.....	13
Dyspareunia.....	11
Frigidity.....	1
Inability to get orgasm.....	2
Contraceptives.....	4
Pregnancy.....	4
Gonorrhea.....	3
Menstruation.....	3
Pelvic peritonitis, probably gonorrhea.....	2
Endometritis.....	2
Ovaritis.....	1
Cervicitis.....	1
Retroversion.....	1
Fatigue, suspected pelvic origin.....	1

The records show twelve cases of dysmenorrhea, two of infantile uterus and vulva, one infantile uterus combined with short vagina and one case each of amenorrhea, menorrhagia and menstrual irregularity.

Comparison finds no relation between such items as infantilism, amenorrhea, possible lack of ovarian activity, or pain from retroversion with lack of climax in orgasm. The only woman who has three or four successive climaxes is the one who has amenorrhea. One woman with infantile uterus and vulva has internal feeling and climax. With the other case of infantilism feeling

stops at entry, but the husband has quick emission and can not get a second erection.

#### INITIAL EXPERIENCE

Accounts of the first coital entry of the male are available twenty times and we know further that eleven women had the continuous dyspareunia that would have prevented effectual intercourse. One man entered on the bridal night; six more, in from two to four nights; six, in two or three weeks; three, in one or two months; two, in four to six months; two "after a long time." Four women say that there was no bleeding and no pain, two that there was blood, half a dozen that "it hurt;" one or two men were impotent in the early attempts. Only about half of these brides are having satisfactory coital relationships.

The full data about frequency of coitus in twenty-eight cases are that it takes place:

Daily or oftener.....	6
Three or four times a week.....	8
Two or three times a week.....	3
Twice a week.....	6
Once or twice a week.....	2
Once a week.....	3

The duration of the intromission is known in twenty-three cases:

"Instantly".....	4
Two or three minutes.....	3
Five minutes.....	2
Five to ten minutes.....	8
Fifteen.....	1
Twenty.....	2
Thirty.....	1
"Any time".....	2

Effecting the complete cycle of coitus is important. Data about orgasm were offered by forty-one women. Sixteen have, regularly, vaginal climax during intromission; four more have orgasm afterwards by clitoris friction; and four more have it sometimes. Of the seventeen who have no climax, four are having daily coitus but only one of the husbands with quick emission is concerned. Three women have revulsion and use already the



vocabulary of distaste familiar in wives unsatisfied for many years. There are no complaints about money, family, personality or anything except the sexual factor.

Fear of pregnancy appears occasionally but is not characteristic. The general attitude takes both contraception and child-bearing for granted. Contraceptives were used by twenty-three couples: condom, seven; condom with douche and pessary, three; pessary, three; douche, two; withdrawal, two; aluminum mushroom stem, one; unknown, five. Coitus is interlabial in two cases; one couple is sterile from gonorrhea; two more use no contraceptives. As to the twenty-two others, there are no data. From later records we know that nineteen of those women had twenty-two pregnancies, of which two were terminated as abortions and the others so far as we know came to term.

The question of virginity, previously referred to as very important, raises another as to what degree of virginity these brides had. One woman had had a first marriage annulled. One had had previous coitus with a married man. Three had had first coitus with the fiancé during engagement. The forty-five others were presumably virgin and it is clear, from the hymen admitting no more than one finger tip, that some of them were verifiably and anatomically so. The five husbands who brought gonorrheal infection or the suspicious pelvic peritonitis shortly after marriage furnish the only definite data about men, except that some of them say they had no premarital intercourse.

Two of the young women had been engaged before, so that they had that much additional acquaintance with the behavior of love.

The matter of a technical genital chastity has its contradiction in the "all-but" intercourse, which has sometimes taken place. Three women report this in engagement, two of them saying seriously that they wanted the experiment as a test of satisfactory sexual feeling. All the others speak readily of sexual excitement during engagement, sometimes volunteering that it was so powerful that "it was almost impossible to be good." In the few instances mentioned, length of engagement was from one to six years, with one six months' period. Three of the fiancées coming for instruction say of the future husband, "He is an ascetic." This is already a critical evaluation of the new relationship.

All the foregoing is an account of heterosexual experience. There is only one account of homosexual interest. The next link in tracing that previous sexual life upon which the marriage is founded is the patient's experience with erotic desire in herself.

In response to mechanical or mental stimulus, did her erotic feelings sometimes induce a substitute for coitus ending in a self-orgasm? Thirty women have in the vulva the physical signs which indicate that this is the fact, and fifteen admit it. The question is not raised except with those wives who can not get orgasm in coitus. Of the young husbands seen, several make prompt admission of auto-erotic habits.

#### COMMENT

It is apparent throughout that objective or mechanical measures may be helpful in marital adjustment.

The four hymens which were cut yielded satisfactory results partly because such an operation also cuts something in the mind. The cases in which a pinhole hymen was widened to painless entry after two weeks douching with very hot water, or by self-stretching with one, then two, then three lubricated fingers were also widening mental tightness during the process. Definite assurance of safety when there has been previous uncertainty about contraceptives has the same effect. Directions to stop the incessant attempts at coitus which produce vaginitis, vulvitis and soreness, are at the same time a direction that the mental and emotional attitude relax.

**SUBJECTIVE MEASURES.** Reason is against merely objective treatment, for again and again the patient's attitude begs for suggestion therapy. One of the first cases objective in its account—but with its ominous suggestion of the wife's defective ovarian development and possible emotional outlet in hysteria, together with an infection, possibly gonorrheal—calls for sympathetic subjective treatment unless there is to be a long blankness in the sexual life.

Cures are by ears and tongues as well as by medicine or hands. There are cases in which improvement follows suggestion. The patient who persistently imagines herself "too small," although



measurement of male and female organs shows ample room, is relieved after a pretense of stretching. In one case dyspareunia appeared as a complaint for the first time, following an inquiry concerning pain in intercourse; an inquiry made because a two finger vaginal examination hurt.<sup>1</sup>

The marital pattern takes shape early. Comparable with histories of long time marital unhappiness, these lack the extra-sexual elements but otherwise form the same sexual pattern. Either there must be prompt change or already this is the beginning of the end. Falling into indifference happens quickly, like falling in love. The mere beginning of indifference has a fatal breath. Without a new growth the sexual part of the love relationship will die. The patient displays to the physician's explanation the same indifference that she feels toward her husband's approach. After emotional dullness has once gotten hold there is no history of prompt recovery.

Sexual experience once begun has a phase of increasing momentum, but this momentum may be negative as well as positive. In these data it is indicated only that experience does not stand still. Those who once begin having sexual experience at any age continue steadily through various forms. Thus the child who at six or eight had a distinctly sexual experience (pleasant or otherwise) will quite typically have had another at ten, and several more in the teens, followed by various love affairs.

It cannot be asserted that early and happy assimilation of marital experience is necessarily hindered by previous multiple sexual experiences, even if they were unhappy and followed by a period of negative reaction. These data only appear to bear out such a belief. Wives having sexual trouble frequently tell stories of early seduction by little boys, shocks at adolescence, and early love disappointments. But these factors never came up for discussion with couples getting along smoothly, and therefore full evidence is not available. The one woman who had coitus with a man not the fiancé had at marriage prompt, satisfactory and frequent vaginal orgasm. In the woman's part in coitus, an

<sup>1</sup> Cf. Premarital Examination as Routine Preventive Gynecology, *American Journal of Obstetrics and Gynecology*, 1928, XVI, 5, 631.

extreme difficulty may be noted in changing from vulvar to vaginal orgasm.

The refusal of the penis, the desire for interlabial coitus, the stopping of excitement at the moment of penetration are complicated by the restraints, fears and imagination common to maidens. Repulsion from manual friction by the husband might be interpreted as a deep instinct to reject trifling rhythms of satisfaction, offered in place of the complete organic unity of interpenetration, did not other known factors make this point of view doubtful. It is also probable that old fears, struggles and cautions against self-manipulation transfer to the new relationship.

As to the man's part, there is meaning in the complaint about coitus by a wife who "always thought there was a whole lot more to it than there is." But one finds, on meeting her husband, the dull young man, already the small boy leaning on the mother, who says, "She's satisfied for me to have mine but she's dead to it." This remark somehow gives the male away. The lack of aggressive charm breeds suspicion that he has not known enough to be interesting. Does his need to worship the element of sacredness in her lead to a feeling that she is more sacred if passionless? The husband sometimes says that unauthorized experiment in passion before marriage contributes to this attitude. To discover the real trouble is not simple. The first interview is important. Then, irritations and disappointments are near the surface. A chance remark, a dislike, an idiosyncrasy may give the clue that the actual facts of the sex life run according to some peculiar notion, to some fetish. Perhaps before marriage, a young woman developed a dread, believing a child might result from a passionate kiss, or a manual genital contact. Or a girl, though college bred, cannot endure the thought of having her pelvis measured even in pregnancy. Or a young man, though instructed by his father before marriage, still knows no better than to make the wife's fossa navicularis red, deep and sore with false entry. Or a minister's bride pretends for five months to enjoy the detested coitus. These are items, random fragments of their total difficulty.

The doctor counted pre-marital examination among the sub-



jective measures. There is difference in immediate sexual adjustment between the fifteen women who had premarital examination and those who had not. The former were more easily able to get orgasm in coitus: twelve of them reported orgasm in their post-marital report. Two, who were seen when married only three days, had not experienced orgasm. One was known over a long period of no climax and fading response.

On the other hand, of thirty-five not given premarital instruction twenty-five had had no orgasm. All the frigidity cases and eleven of the dyspareunia patients, including the woman who intends to divorce, are in this group. This is not intended as material for exact contrast; it merely points to something suggestive.

The more highly educated women are in this group coming for pre-marital examination. Some of their stories seem dull but this has a good meaning. They do not have to make talk a substitute for coitus. Those captious and picturesque talkers, most interesting from the physician's point of view, have the more difficult and dangerous problems in marriage.

Of the excerpts from case histories which follow, the last, very detailed and written by the patient herself seems in all the externals remarkably illustrative of one type of patient. Of superlative "advantages," home and education, she was married at thirty, partly as a matter of conviction. Her sexual scruples were finally overcome not by her lover but by the physician's word—His "position in the world at large was so absolutely recognized" . . . a revelation "which lifted physical relations to another plane." She says that she is "very much worn by constant companionship" that they "worked very hard" at making love and that the actual act of sexual intercourse is not "high in the horizon." This is the typical story of intellectualized emotional life in which the very flowing of the blood depends upon education's sanction.

*Case 1065.* A bride who had been seen when single, for dysmenorrhea and retroversion, wrote from another city some years after, in her early thirties, a letter which is illustrative of some of the difficulties, sexual

and otherwise, of early marriage: "Sometimes I feel I have very little to give him in a really satisfying way for I am not very passionate and a little love of that kind seems to go far with me. But I have such a deep and true love for him that I don't want him to suffer by my withholding myself.

"First of all, I cannot feel that I want children now. I have too many business complications. He may not be permanently settled in this position and I am not able to step out of this new business now. Therefore I want you to tell me the best and least obnoxious method to take care of that possibility. . . . I feel that I am failing a little toward him through my own uncertainty as to what is the best thing to do. He is too nervous and high strung to have any worry at all. He is so dear and sweet and can not stand much intercourse, but it ought to be fairly regular I suppose, and absolutely free from any kind of disturbance. . . . I seem to be fairly small and sometimes it is a matter of almost pain when the entry is made. That always upsets him frightfully, though I am perfectly willing to stand the discomfort for his sake. It detracts naturally from the pleasure and purpose of our loving each other, so that unconsciously sometimes I don't want him when he does me very much, and if he realizes that, it makes him miserable. . . .

"We care so much and I wish sometimes I were a fiery furnace—and that would wear him out and he doesn't wish it, but I do want what I can give my husband to be my best and happiest. . . . What we want is a philosophy about it and all we have worked out so far is a rather stumbling adoration for each other and an intense desire on both sides not to hurt the other. This business is so frail a structure I want to guard against any harm coming to us."

*Case 179.* This patient is a bride of two months, quiet, simple, frank, and affectionate, of good family. He is the son of a business man, a fine keen fellow twenty-five years old.

He was instructed before marriage and now brings his wife for diagnosis of pregnancy. Her period occurred just before their marriage; there was no entry for eight days till her "maidenhead" broke, "twice she bled," he explains, "so I figured she wouldn't get pregnant till her maidenhead was broken. I never could get in more than an inch so I figured no precautions were needed. (One must impress effectively during the premarital instruction, that even an external emission may result in pregnancy, as in this case vulvar coitus produced conception.) The man says: "I guess you did tell me, but you told me so many things.



I wish there was some book, so we could be sure to remember. . . . She hasn't any passion at all. She's perfectly satisfied for me to have mine. She says it's all right, but she's dead to it."

During several years engagement they did not see each other often but she would be excited and have local pleasurable sensation. He came back from a distance shortly before the wedding and she was much stirred emotionally at that time. "Then we were married and it went like that."

She is no prude. She has definite evidences of moderate auto-erotism; no repulsions; no prejudice and no previous shock. Pain was only at first. There is extreme ante-flexion; the slope of the vagina explains his "striking something." Vaginismus is moderate, no sensitiveness.

*Case 350.* The patient is a bride of four months, a charming, timid, little wide-pupiled girl of twenty. The husband is a big outdoor fellow, a professional man ten or more years older, both good, middle-class people.

They have had coitus for three months, once a week for three minutes. He is not able to enter, has quick emission and is tired the next day so they come for advice. He has supposed the hymen must be broken through or else cut; a doctor told him so. He thinks she is passionate but has no climax; she says she never has the least pleasure, it only hurts; he thinks it wrong to touch her, she is very prudish.

She has tiny clitoris and labia, but full sized uterus and is normal in size of introitus; there is little muscular spasm at examination. When questioned she admits "thrill in the heart when he holds me close" and tingling feeling in what she seems to think the clitoris. She is urged to make the most of this, and of the times when it comes; to douche for removing tenderness; to welcome and to develop desire. He is urged to learn to wait, also to study the various means of making her relaxed and responsive.

*Case 427.* Patient is the daughter of strong, energetic people first seen single at twenty-three. The father is strongly sexed, the mother moderately so. The patient had asthma as a child. Pelvic organs are normal, except that the right ovary is low and a little cervicitis is present. There are full signs of auto-erotism; feeble levators; large meatus; sensitive reddened fossa; prepuce adherent; hymen thick and one finger, insensitive.

She is just now depressed and not happy. Since her chum is married and has a baby, she has her mind on this. She has been engaged twice, once for a "long time." The fiancé said that he had a sore mouth, then blood test, then he made occasion for a quarrel and since has kept away. Again she was nearly engaged to a second man, but agreed they were not suited. Mother told her of menstruation and of dangers with men and this has kept her careful. She is able, but has a somewhat limited range, slouches and has lazy manners, does not stick to work.

She returns for premarital advice. She is marrying a dramatic critic. She is wet when greatly excited; fears the pain of entry. Douches are ordered every second night for nearly three weeks before marriage. On the first night there was only a little blood, some discomfort. She is not so excited when she is in bed with him, as she was in engagement. She says she could "do without it." She objects to clitoris contact and doubts whether she has climax. "I am all confused about it." "It is pleasant as a touch of silk night gown, no more." This condition lasts two months. Later she reports that coitus is every night for a half hour except when tired. It is "wonderful and equal." The first labor is hard with forceps, and stitches.

*Case 300.* A bride of four months comes with her husband because there is pain at his approach and he has made no entry. He is heavy, big and vigorous; has been gentle and fearful of hurting her. Both are very intelligent; she is in the late twenties, he is younger. She is cultured, wealthy, fine character; buxom and always well, but has been miserable with nerves all summer making up her mind about marriage.

She speaks very frankly, is interested in her anatomy; at examination she shows marked evidences of former auto-erotism; labia large; clitoris small; vagina big and corrugated; levator strong; hymen thick, one and a half finger, tender on one side; no vaginismus until I hurt her. In coitus she is tremendously excited, thinks she sometimes reaches a climax, "he hurts terribly, always smarting." He can wait fifteen minutes (evidently in vulva only); when he has been away a while she needs no vaseline she gets so wet.

Two months later after she has been taking very hot douches twice a day and using test tube as dilator, "He gets in very much further but it hurts some. The way he hurt me before was just like soap in the eye. My inner thigh muscles ache afterward like a horseback ride, he stretches my legs so. I never thought of his going in from the rear, we might



try that. I don't know if I reach a climax. I am all in and sleepy but it isn't as altogether as he is." Two months later she is very passionate, good climax, coitus three times a week; introitus is three fingers; she wants to begin pregnancy. The next month, she brings up the lack of climax. (How did she happen to say she had a climax before?) 'She has strong passion, no interest in clitoris pressure or friction, no dyspareunia; the intromission is long enough but she is often left nearly as excited afterward as when he is there. She feels the jumping of the muscles sometimes and has most satisfaction then. The next month she has improved feeling but vaginismus because he smarts on the outside; the big test tube used as dilator smarts. "Even when excited, I am awfully sensitive; it takes all the fun away." His penis is one and one-eighth inches in diameter; her hymen admits a tube in diameter one and five-sixteenth inches. When she returns the next month she says, "Last time you dilated me so thoroughly he never hurt me after that." (There was no dilatation at all; I merely assured her that she was large enough.) Two months afterward, "the time I am most interested is when I am unwell or just before; douching beforehand spoils it." His semen was excellent microscopically but always escaped quickly.

*Case 935.* A young woman twenty-four years old, married a few months, comes for cervicitis of moderate degree and advice about contraceptives.

The breasts are large, very relaxed, excellent nipples, erectile areola, weight 120 pounds; anteflexion; the cervicitis is moderate up the canal, perhaps the engagement type; introitus is three and one-half fingers half way, no edge and no nick; levator not very good, taught her to use the muscle; the labia show the marks of former corrugation. Coitus is every other night with condom with no restlessness or dissatisfaction afterward; intromission from three to ten minutes; entry was made the first night with a little discomfort but no real pain. "I don't get as much excitement as before marriage, but its better and better. I think I will be able to reach a good climax." They have no variety in posture. She volunteers that she has had to "relieve the irritation sometimes in between." In examination she made very free exposure and remains exposed.

They were engaged for several years, seeing each other every day. Much of the time they were excited from two to four times a week. She was wet and had orgasm easily, most from "his handling me there,"

but this was not at all necessary. She could get orgasm without it. He had emission also; she sometimes handled him. They came to such a pitch of tension that they broke the engagement two years ago. She says that part of the trouble at that time was their lack of frankness, even when lying over each other they almost pretended it was not happening. He only had a climax once in a while during engagement and she had it all the time.

A month later she says that her husband likes a pessary better than the condom. It is easily placed and she takes a douche at once after his emission. For the first four days coitus was every night, now twice a week for a total of ten to fifteen minutes play, sometimes only five minutes, then he goes to sleep. Three quarters of an hour tired him with two emissions, while she had only one climax. She has not a definite climax, but complete satisfaction, once every other night. "I feel much better after coitus, I want it oftener than he."

*Case 914.* A bride of five months, a teacher in her early twenties, comes for advice about marital relations. The husband is a college graduate, now studying for a profession. They were engaged for years, seeing little of each other. In coitus she has not the slightest agreeable sensation; it is not unpleasant but "no more feeling than stroking my hand."

She has a congenital retroversion, sub-involution, an infantile vulva and short vagina. The clitoris is small, no adhesions; introitus two and a half fingers; good-sized uterus. Menstruation has been regular and without discomfort since thirteen except for some dysmenorrhea in the last five years. Some leucorrhea. She had a spontaneous abortion two months after marriage, the pregnancy not prevented by the bichloride douche used without pressure, that is, with undistended folds of the vagina. Their present contraceptive is a Mensinga; she is also wearing a Smith pessary for retroversion. He could not use the condom; his emission is usually soon after entry, but sometimes in three or four minutes. Her husband is most considerate, and helps her at home. She has been pretending she liked coitus because he was solicitous that she should. She is anxious about their income but says he is not extravagant or careless. He has tried vulvar caresses, kisses, breast caresses, with little results. Daily coitus tired him in early marriage. She has no reserve and no repulsion.

Her father is a professional man, "I adore him;" her mother lives separated from him, and may be sexually indifferent. Mother was



very severe about handling genitals and about lapses from conventional behavior. The number of unhappy marriages and infidelities in her family gave the patient the idea that most marriages were unhappy. Then it happened that after college two of her brother's friends had syphilis, one disabled for life; she thought nearly everybody had venereal disease, and that all blindness, all insanity, every leucorrhea or womb trouble was due to it.

At seven or eight after falling off a bicycle she first looked at her own vulva. She loved Arabian Nights before thirteen. "When I was thirteen or fourteen, when I read about lovers kissing, I used to imagine things, and it was like a little bell ringing down there. . . . At home you were never supposed to have any sex. . . . About ten or eleven my mother played me a dirty trick. A woman next door had a baby, my father said they caught it in the woods, the baby was all red from running. So I asked my mother but she said it was nasty to talk about it. Little girls told me that men were made one way and women another; they fitted together and babies came this way. After that I would not listen to my mother, would not even let her tell me about menstruation. We are aloof in our family. I always thought myself over-sexed because I loved to touch things, not people. I had read all the doctors' books before marriage. I thought too much coitus would make him thin and small and ruin him, and that it might give me tuberculosis or make me fat and gross." She is not shocked at any books, has dipped into Boccaccio and de Maupassant. She talks a good deal about homosexuality and suspects other girls of it but says she has never wanted to kiss or hug her girl friends. (The hymen is wide, admits three fingers, not torn, insensitive, and her husband does no thrusting nor is there any evidence of long treatment, large speculum or wide pessary; but her denials of finger entry by herself or anyone else are very positive.)

After a month she says that things are much better, "I don't have a feeling against it. Before, I waited with impatience until he got through. I love to give him such pleasure, it means so much to him. She is less indifferent before the period. The levator is strong but "it takes mental concentration" to contract her muscles. She volunteers that there is some pleasant feeling with thin condom. Coitus is now twice a week.

*Case 584.* After five or six months of marriage, a bride writes by request the story of her sexual development, emphasizing early experience in marriage. At the same time the husband, who was also

interviewed, writes some notes out of his experience. These stories follow:

### *The Wife*

*Adolescence.* Early general knowledge of sex came from mother at age nine or ten after curiosity was aroused by seeing embryo of a child in glass case in museum. Further general knowledge came from preparatory school course in physiology—surreptitiously read sections of Bible and of dictionary explaining “birth,” “womb,” etc. Life was far too active for much brooding. A definite interest in boys was felt as early as six. There is a distinct memory of a strange little boy with whom I viewed a parade and about whom I subsequently dreamed many months. I always preferred boys as playmates—though not realizing the sex element. Parents taught impersonal attitude and self control. I never went beyond the point of good comradeship and held to this when mature so that my first real sexual kiss was with —.

*College.* I experienced a so-called “crush” which took the usual form of intense friendship, with excessive demonstration of kissing and the like. I dimly suspected that the relationship had something to do with sex, and had a subconscious feeling that this relationship with another girl was “unhealthy.” Doctors at college did not analyse the experience; it wore on us both until I became ill with indigestion. The situation was gradually cleared and never repeated.

*First Five Years After College.* I had formed numerous friendships with men. Occasionally the friendships ripened into love on the part of the man, but my own interest continued passive, and my code was always not to “lead a man on.” Practical experience in my job lifted me out of the protected environment in which I had been raised and definitely upset many concepts of right and wrong which had been taught me by my parents. For example my first contact with a so-called “prostitute” was in a club of factory girls; I continued to be very fond of the girl. In these years I lived with a cousin who had married a college friend. Though smooth on the surface, the home was rapidly disintegrating. The legal separation which came eventually did not surprise or shock me. It seemed right. Thus a second illusion was destroyed. During the war the widespread discussion of sex hygiene and similar problems gave me practical added information, but it also reinterrenched my idea of demanding a single standard for men and women.

*European Residence.* Residence abroad brought me into contact



with many men—both European and American. The questions asked by European students in their effort to understand the "moral point of view" in the United States, especially that of the women, forced thoughtful self-analysis. First hand knowledge of the living of American men abroad had shattered any illusions about the "single standard." This did not make me cynical. Theoretically I believed in marriage. Practically I had never been touched or awakened by any overpowering sex experience. My work engrossed me. Men were a side issue—kept as friends because I believed in filtering both points of view about life and probably because of a certain pride in having men friends when so many other of my women friends did not. I made more effort to hold their friendship.

Two men friends remonstrated with me for undue "coldness." This puzzled me—for both were deeply in earnest. I decided to force myself to be interested and to let myself in for any casual relationship which might develop. It was an interesting experience and taught me in the space of a very short time the power which a woman possesses and which, if she is aware, she may use at will. But once released this energy was never shut off again. Men liked me and were actively interested—even though the literal point of good comradeship was never passed.

*Post War Period.* Return from abroad was under psychological and emotional conditions calculated to develop a crisis. Inner conviction said "the time has come for marriage; that should be your next job." Yet there was no image in my dreams.

Then, unexpectedly, came contact with a new and vivid personality. My whole being was swept as if by fire. The physical effect was so severe that one night the lips of the vagina parted and I formed the first realization of the aperture. I admitted to myself and my family that I had fallen in love.

For more than a year every phase of a love experience was gone through with. I was pushed hard by a most intellectual and attractive man to marry him. Intellect said that marriage would be unwise. His moral attitude and religion prevented but body and being pleaded. Physical separation over a long period of months finally was the decisive factor.

This experience made a very deep impression in that I found myself loving a man whose life had not been led according to the single standard. I had to think my way through, as far as one could without professional assistance, many phases of sex experience. I was mentally ready to

accept intercourse and to bear children, but my philosophy was "self control, not birth control." In the last analysis I quailed at the thought of marriage with one who had had relations with another.

*Professional Life.* In settling down to a life of professionalism, there was a mental effort to crowd any thought of matrimony out of my mind. There was little energy to seek new men friends—but friends sought me and among them the man I finally married. He found me indifferent, living in dreams and reviewing the past and the other man, disillusioned about the future and ceaselessly driving at work.

In the search for further training along professional lines, I was at a laboratory. This opportunity coincided with his persistent presentation of marriage. It was quite natural that genetics should come to be studied as a subject which would help to understand the great responsibility of reproduction. There was ample opportunity to read Havelock Ellis, Westermarck and other students of the family and of the relationship between men and women. I turned the whole question over and over again. One caught the vision of immortality as conceived by the biologist in the procreation of life. There was a very definite and surging response within me as I read detailed accounts of the sex relationship. I knew that it was an experience I did not want to miss. The question of birth control began to assume a different aspect. Much light was thrown on birth control by one of the women professors who had herself been married.

Such study influenced my final decision many months later to marry. The practical knowledge which we both had made it possible to talk over frankly the most intimate details and also influenced me in our plan of action during our engagement, which was of some months duration. We decided to pursue a definite plan of gradually coming to know each other physically, as well as mentally, so that when permanent union came after marriage there would be no shock or radical change.

*Engagement.* We were definitely engaged in the spring and married in early winter. During that time we were together only over weekends. These we spent in increasing intimacy—at times lying together out of doors under the stars—at times in each other's room at home. As a result, before we were married we each knew how the other looked in negligee—we knew the feel of our bodies. I knew what an erection was and the emission—all of the physiological outward signs of sex—except actual intercourse or entrance. In spite of my long study I was quite uncertain about actual facts. Thus when in experiment the first emission came quite apart from my body, I was not sure whether



the sperm could be carried on our hands or our clothes. It made me so uneasy that I had a very definite pain over the ovaries and decided to go to a woman physician, to tell her exactly what had happened and to ask if there was any danger of pregnancy. Of course she put my mind at rest. However, we were very careful not to repeat the experiment.

I was later instructed by a specialist. Much that he told me I already knew from my reading, i.e., that a woman had an orgasm, that the man could excite her by stroking the breast, by passing the penis over the mouth of the uterus (*sic*), or inserting his finger in the vagina, and that it was possible to give the man great satisfaction by holding and manipulating the penis. I knew that great satisfaction could come from perfect freedom to look at and touch the human body. I did not know about the clitoris. But of greatest importance was the fact that, while I had read all of the above and had started experimenting, I still had a conservative and traditional fear that it was all "not nice" or else that it was too radical. To have a physician whose position in the world at large was so absolutely recognized tell me what he did was a revelation; the realization came as a sort of spiritual climax and lifted the whole idea of physical relationship out to another plane.

He also talked with my partner and we both realized that our feelings natural and unalloyed were a good guide and not to be over-disciplined. A week before marriage I tried douching with a very definite result next morning of soreness and stiffness inside at those spots where I often had pain from menstruation. It was only after repeated attempts that I was able to hold the water of the douche. But with the help of a hand mirror I studied my mechanism and learned how to inject the syringe effectively. Next my lingering doubt about the right of birth control was removed. The financial stringency, the necessity of my holding my job had made me very leery of sex relationships from the point of view of expediency.

• *Wedding Trip.* There was not one moment of worry, fear or embarrassment. There was very little desire for intercourse the first night. We were just so thankful at last to be free to be together all the time. We went the one step that remained to experiment—entrance. That was somewhat painful, so was not repeated. We waited until the trip was over and we were well established. Then we tried it in the daylight when we could see. At first after each period of intercourse I was nervous about douching right away and with the germ killer in solution. I had not thoroughly grasped the fact that with a cover one

does not need to douche except for sanitary purposes and to remove the protective jelly. We had difficulty in finding a comfortable position. I had read about the side position and entrance from the rear, but even yet we have not discovered how this may be done with genuine comfort. We worked very hard to discover what an orgasm was like. There was plenty of excitation of the clitoris which I did not like, but there was never any realization of great delight. I vastly preferred and still do to have entrance as soon as the male is in erection without any manual excitation beyond that of stroking the body and breast. Keenest satisfaction came from deep entrance, but this was rare as the penis was not very large and his handling of me gentle. I constantly felt the urge of more passionate treatment—or else I did not want relations at all. A certain amount satisfied me completely—we only indulged about five times in the ten days of our wedding trip.

*Early Days of Normal Married Life.* We did not set any regular time beyond agreeing not to have relations on Sunday. We preferred to have it due to spontaneous desire. After three months—I should say we averaged three times a week, though his absence means that we were apart for stretches of five days. At present we have been separated two weeks and expect to be apart for long periods. This fact led to violent relations just before his departure and probably will make intercourse more intense when we are together. This I prefer.

So far I have never been conscious of an orgasm. Provided my partner is in good condition I've nearly always been satisfied and quite ready to settle down. But often he would come with erection and then have to get up to go to the bathroom to get the protection, cover, etc. This would stop the erection and before it came again my desire passed. Again I often wanted repeated entrance which he was unable to give me with the penis, because emission came so soon. In this he was improving toward the end and was able to enter and play longer without emission. My continual desire for deep entrance [reach] was rarely satisfied. We found the most satisfactory position to be on a heavy fur rug on the floor. The bed—an old four poster—was too rickety for much leverage—it always sounded as though it was going to fall into a thousand pieces. Satisfaction came from his kissing and pressing the pelvic regions and also from my fondling the limp penis. This rarely failed to hasten erection.

The douching now is of course only with warm water and in the morning. Once or twice we have tried entrance without a cover because he hates the cover and gets most satisfaction from entrance uncovered



and after a first emission can hold a second erection for considerable time. Once or twice there has been quick withdrawal and outside emission. We recognize this as dangerous and I have been careful to douche right away. It has made me uneasy until my monthly period arrives—so we did not experiment that way very often. My imagination certainly has a quick reaction on interior organs, and can set up a steady ache for days when I am not sure there hasn't been a slip. I am sure rationally but not emotionally! That is, of course, a state of mind that must be conquered. However, we both hate to get prepared in cold blood as it were, beforehand, taking it for granted that we wish to have intercourse. We vastly prefer to have a spontaneous development which may come after reading together by the bedside light or after resting quietly together, even going to sleep and then waking with an intense desire and being able to experience naked entrance and withdrawal with emission in a handkerchief or towel.

I find that physically I can stand late hours of sexual intercourse better than late hours of theatre. There seems to be a certain liberation of energy that ensues. On the other hand I find myself very much worn by constant companionship. We never sleep together the whole night, each always after intercourse going to his own bed and room. Separation finds me physically calm and with no sexual longing. I hate the feeling of body that sometimes comes with the after effect of intercourse, i.e., pelvic nervous pain, dropping of lubricating (natural) fluid.

My periods have varied. Some have been painless, some quite painful and others not known because I used aspirin to dull the pain. On the whole I should say that I am better in this respect than before marriage, absolutely regular and four days in length.

My greatest surprise is to find how completely I control the situation. If I am indifferent he can not get an erection. There is absolutely nothing of animal desire with him—the whole situation is a psychological state of mind which demands peace of mind or else there is difficulty in erection. Often that irritates me, for I have a perfectly normal desire quite apart from state of mind. No, perhaps not normal—because it really is not desire—rather willingness, which may be aroused with or into desire and then very much balked if the partner does not go through with the complete process.

On the whole, we are still in the early stages of experiment—great satisfaction has not been found by either one, though there is steady progress. The greatest satisfaction is in our mutual mental attitude of

trust and understanding and of patience and belief that given sufficient time we can work out a highly satisfactory technique. While important, the actual act of sexual intercourse does not loom very high on our horizon. Much greater satisfaction comes from the freedom of being together at will or the knowledge that there are no barriers of right or wrong.

### *The Husband*

Since the adjustment has been quite as difficult for me as for one of the opposite sex, and since I've pondered long over the whole question it seems only fitting that you should have a summary. . . .

In its effect on the physical process, I place the mental condition first without a question. This is because personally, my mental condition controls. To bring about a satisfactory consummation, one's mind must be free to dart into all paths. For this reason, one of the first obstacles to be overcome is preconception of what is right and proper. We hear expressions of the streets from our infancy which lead us to believe that many acts are unnatural or perversions. After experiencing a relationship of a most intimate nature with one whom you truly love, it is discovered that all things are right. These are but a part of the dress, of the ritual. They may be likened to the music, the vestments, the decoration, the incense of the church. They all stimulate. . . . The kiss has been generally restricted to the hands and lips or at least that has been my reservation. The sight of a man in the play, kissing the object of his adoration on the arms, has never failed to register in my mind as voluptuous. Just what the cause is or why I should have been left in the dark as to its fallacy for so long a period, I do not know. . . .

The exhibition of desire upon the other's part, causes the blood to become fire and multiplies those forces of sex within one, tenfold. Past experience has not had the slightest effect upon me. In the present association, I can truthfully say that never during those hours of most intimate communion, has any ghost jibbered at me. Worries play a large part, especially financial ones or whatever the chief worry is. There cannot be a free exchange if there is a feeling that a temporary inability to overcome circumstance may lead to loss of respect. Then there is the attitude towards one's own physical self . . . whether he is of normal vigour, whether lack of satisfaction on the other's part is due to him. . . . Ignorance of what the reaction is with a woman which corresponds to the male ejaculation leads to even greater



speculation as to whether or not one is not normal. . . . The feeling of being wanted more than anyone or anything else in the world is rapture.

Certain it is in spite of a marked improvement in the technique, the process can not be called, at present writing, an unqualified success. . . . First of all, and of chief difficulty, is the use of covers. The rubber ones draw so they hurt the penis. They require outside lubrication which makes the entering and withdrawing so frictionless that there is a lack of sensation on either part. The skin covers require lubrication both sides or inside anyway, to get them on. At first and once or twice since used without much or any lubrication. If water is used, they become so slippery that there is a loss of sensation. If they are put on early, they are apt to dry and hurt. Jelly has also been tried without much success. Then too the vagina has stretched so that entrance is comparatively easy when there is a complete erection. Lack of complete erection has been our difficulty. This is due to physical fatigue and mental worry over financial difficulties as well as enforced inactivity. The erection goes, often, during the preparation period. It is to be noted however that when the partner was most eager and actively passionate, that this difficulty was to a great extent obviated.

I believe that when I am feeling normal, i.e., good appetite, work going well and good team work, that just a touch of the body will cause physical desire. There is not a night that it does not come though many times due to one reason or another, there does not seem to be enough energy to fulfill that desire.

## CHAPTER VII

### FRIGIDITY

ONE HUNDRED cases studied over a period of one to twenty-five years for the degree of sexual separateness maintained in union, provide as type the fine looking wife of a professional man in the early thirties; with two pregnancies and one living child: in questionable health especially nervously; calling her marriage satisfactory except in its most intimate phase. In the past she experimented with auto-erotism and has been aroused in mating. Now she has lost enthusiasm for her husband and accepts this level with passivity except for the weekly rebellion against sexual routine. This phenomenon interpreted with the ardor of the ascetic as a positive state is possibly organic or functional but surely reflects the temperamental and social milieu of both partners, especially since it is socially sanctioned as the popular romantic conception of woman up to the time of marriage. Case histories include coldness of varied origin and manifestation: ingrained; that involuntary from lack of technique; that relapsing after early passion; that accompanying a neutral love attitude, definite disapproval and repulsion.

**F**RIGIDITY is a form of behavior difficult to define. Books usually describe it as the lack of something else: as "the absence of sexual desire," meaning absence of desire for the sexual embrace, in the married woman.

Students of frigidity write in terms involving comparison and antithesis: "absolute, relative; organic, functional; cultural; primitive; permanent, temporary; congenital, acquired; psychic, anatomical; mental, physical; central, peripheral." The background and atmosphere of such studies always permits the inference "frigidity, passion." This is "the fiend, the negative or tragic principle," the protest, one of the two extremes in the curve of sexual desire.

Upon that scale of the progressive outpouring of self which



ends in the peak of passion, there is a minus side with a maximum depth of coldness. On this minus side the body has various ways of declining to join in the marriage song. It cannot sing; it does not like music; it has had no instruction; its voice has been overstrained; it believes that music should be minimized in favor of the useful arts; it enjoys listening; it can sing only a little; it used to sing, but will not now; its voice blends better with some other voice; it never sings except to itself; it sings, but not those tunes. Where among these possibilities can the patient be classified as unmusical?

The books of reference about this sexual deficiency say, sometimes from quantitative evidence and sometimes from the writer's experience, that ten or twenty or thirty or forty or fifty per cent of women are frigid. This gives an impression of permanence and of a new and alarmingly prevalent female disease.

But the objective basis for a diagnosis in medical terms is lacking. Every case depends on the partly subjective estimates of doctor and patient in an uncertain field. The diagnosis depends first on their knowledge and conception of the typical. Next it depends upon prolonged acquaintance with many other factors. Does the woman begin to be cold at general caresses, at desire for coitus, at the excitement of preliminary caresses, at intromission, at orgasm, after orgasm? If she accepts four stages but not five is that female frigidity? If there is complete sexual failure with the husband it is necessary also to know reaction to other men; if there is no responsiveness to men, it must be ascertained if there is responsiveness to women; if there is anaesthesia to others of both sexes, it must be established whether there are erotic practices with the self: if there is no ascertainable sexual life as such, into what channel has the sexual impulse flowed? These facts must be known, not merely at one or another given time but over the entire sexual period of the life. To indicate a completely frigid woman, every point must be invariably negative.

For the present, it is simpler to assume that we deal chiefly with the body's affirmation of separateness at some phase of sexual union with another.

For the examination of the varying degrees of this separateness,

their cause and significance, one hundred women have been chosen from a total of one hundred and twenty diagnosed by the gynecologist at the time of treatment as having some degree of frigidity. The one hundred studied were used merely because they were more detailed and for the convenience of round numbers. The deduction which might be made by comparing this group with the total, i.e., that once in eight or nine individuals is the normal frequency of this phenomenon, is not warranted—since this distribution may have been artificially determined.

#### LENGTH OF OBSERVATION

Women who came to the gynecologist before they were thirty years old stayed longest, averaging between six and seven years. Half of them were watched for not more than a year, a quarter from two to seven years, and a quarter from seven to over twenty years, as follows:

Less than one year.....	31
One to five.....	31
Five to ten.....	14
Ten to fifteen.....	5
Fifteen to twenty.....	9
Twenty to twenty-five.....	3
No data.....	7

During this period, the data about anorexia sexualis were taken repeatedly. It was characteristically fluctuating within a small area, insensitiveness with regret, some feeling, ennui, sudden passion, complete deadness, distaste, anger, hatred. After it was an admitted problem, frigidity stayed so and was repeatedly discussed as such, except in one case where after a lapse of nine years between visits the wife denied flatly that she had ever had any such trouble.

#### GENERAL CHARACTERISTICS

These statements of record are designed to show the concomitants of frigidity. What other qualities characterize the patient?

At the first observation there was no information about age in



nine, three were in the teens, thirty-nine were in the twenties, thirty-four were in the thirties, thirteen were in the forties, and two were in the fifties.

The racial background has aspects of foreign culture in a fifth of the cases: there are seven Jewish, five Irish, and two Spanish women, and one each of the English, Greek, Syrian, Dutch, Chinese and Italian races.

These are the fine-looking and well-dressed women to be met in the shopping centers and tea-rooms of the large American city. About two-thirds lived in the city proper, the remainder in the suburbs. The substantial motherly woman; the torpid, jewelled matron; the high-strung, introspective type; the plain sensible woman; the apprehensive and delicately immature; and the spoilt child dependent, are all here. The records of weight, color, appearance and manner show that the frigid woman may be silent, thin and pale; or she may have rosy cheeks and gay and demonstrative ways.

Half a dozen went to college and half a dozen more are described as well-educated; a few of the husbands are wealthy, eight more were daughters from homes of wealth and three more from homes of culture. Chiefly, the group is of moderate means but represents a cross-section of the economic strata, beginning with the wealthy and cutting down through the lower middle class, as far as the poor. All except missionaries, doctors and the poor paid the fees usual for office visits, laboratory tests, recommended consultations, obstetric care, and operations with hospitalization.

Before marriage ten were "society girls," four were clerical workers, three teachers, two each bookkeepers and machine power operatives, one each lawyer, acrobat, trained nurse, nurse-maid, saleslady and newspaper writer. The others presumably had no occupation before marriage.

The husband's occupation in thirty-one cases is: doctor, three; lawyer, foreign missionary, clerk and business man, two each; ironworker, songwriter and piano player, coal dealer, butcher, restaurateur, judge, politician, wholesaler, painter, druggist, bond salesman, compositor, bank president, president of cor-

poration, dentist, scientist, officer on steamship, race track man, minister, manufacturer of boxes, one each.

The records, which closed before the war, do not represent the present occupational trend. Only five women are known to have worked for remuneration after marriage; two were in foreign mission work with their husbands, two kept boarding houses, and one continued in clerical work. Some did volunteer work for part time and a few were occupied with social life. These women are wives, sometimes mothers—by vocation. There is no evidence of mental conflict about giving up their own vocational plans.—Except the lawyer, no one is known to have had extensive vocational preparation, though intelligence and opportunity must rate well.

Data about the personality of children, sisters, brothers and mothers are known, at first hand, only in half-a-dozen cases, and are notable chiefly for their likeness to the patient. A woman depressed at menopause, for example, has two grown daughters, one in a nervous breakdown and one depressed. A brother of the woman who thinks coitus is "for procreation only" is married to another patient within the hundred; and she says her husband thinks "all sex is carnal."

The age of the wife at marriage is known in fifty-three cases:

Under 20 years.....	5
20-25.....	19
25-30.....	18
30-35.....	7
35-40.....	2
40-45.....	2

#### HAPPINESS OF THE MARRIAGE

The wives say that twenty-four of these marriages are happy. In forty-nine more, nothing contrary to happiness except the trouble with coitus is stated. Eighteen say they are unhappy and nine more are presumed to be so by the wife's complaint of drink or disease; a total of twenty-seven to be classified as not happy, or one-fourth of the group.

Among the happy marriages, eleven husbands are noted as good, kind and considerate. Among the twenty-seven unhappy



ones, one husband is absorbed in money making; another is a gambler, always speculating; a third is melancholy; two are in great financial difficulty (one got the wife to sign her securities over to him, another does not pay bills); two more are practically separated from the wives though still living in the same house and having occasional coitus—two others are disagreeable, two are drinkers.

There are three cases in which the wife says she has known that the husband is not faithful, five more in which she suspects this; and two in which he has said that he is in love with someone else but is presumed to have remained technically faithful. In one marriage both husband and wife have been unfaithful, in another the wife has been.

For three women this is their second marriage following widowhood. Three divorces are reported among the hundred couples before the present marriage. One wife divorced her first husband, one is married to a man who divorced his first wife, one to a man who was divorced by his first wife. Six couples have separated at intervals and four are still discussing divorce. With the exception of the two wives who have been unfaithful and the four who have re-married, experience in coitus in these cases is presumed to have been with only one man, the husband.

#### SEXUALITY

Except in the three cases in which the question was not raised, all these women give proof of genuine heterosexual interest in the husband.

**COITUS.** The characteristic coitus of these couples is brief and physiologically male, the female remaining passive and isolated. Once or twice a week there takes place, without preliminaries, an intromission lasting up to five minutes at the end of which the husband has an orgasm and the wife does not. Both man and woman know that the woman has no animating desire. She submits without welcome to the embrace; it may occur without excitement and she expects it to terminate without orgasm. There is no other topic upon which a woman will talk with so much grief and bitterness.

Although the typical couple has coitus once or twice a week, sixteen couples had daily coitus formerly and six of them still do. Six have it from once in six weeks to once in six months, two have it for procreation only; and nine couples have none now, one of which formerly had coitus daily.

Of the wives stating what they would prefer and what the husband prefers, as well as the actual practice, the husband wants more, the wife less, and the custom is a compromise. Of eighteen couples giving two or three reports, the rhythm is lessening in all but two of the cases,—“once or twice a week to once in six months,” “twice a week to once a fortnight to once a month.” In the records available from three-quarters of the cases, twenty-six couples had coitus oftener than once a week, thirty from weekly to monthly, six at intervals of more than one and less than seven months, twelve had it rarely or not at all. Following are the details for frequency of coitus in 74 couples:

Daily.....	6
Every other day.....	8
Twice or three times a week.....	4
Twice a week.....	5
Once or twice a week.....	3
Once a week.....	15
Once in ten days.....	1
Once in two weeks.....	4
Twice or three times a month.....	2
Once in three weeks.....	4
Once a month.....	4
Once in six to eight weeks.....	1
Once in eight weeks.....	2
Once in eight or twelve weeks.....	1
Once in six months.....	2
Rarely.....	1
For procreation only.....	2
None (from one to ten years).....	9

Reports of length of intromission before male ejaculation divide the fifty-four men quoted into three groups:

I. Three minutes or less.....	28
Instantly.....	10
Two minutes.....	14
Three minutes.....	4



II. Five to ten.....	20
Five minutes.....	12
Five to ten.....	4
Ten.....	4
III. Fifteen or more.....	6
Fifteen.....	2
Fifteen to twenty.....	1
Thirty minutes.....	1
Thirty to forty-five.....	1
"Long as he likes".....	1

Do these figures change? Fourteen of these couples reported more than once and eight remained essentially unchanged. In the others, two cases who first ejaculated instantly went to ten to fifteen and twenty minutes respectively; one two minute case went to ten to fifteen; one first reported as ten minutes went to twenty; and two who were ten to fifteen at first went respectively back to instantly and forward to an hour.

The climax or orgasm is not experienced in half the fifty-three cases reporting. Twenty-four women have never had orgasm, three have had it formerly but not now; twenty-one have it sometimes and five rarely. Of these known to have had no orgasm with husband one had it with lover and one had not; one had none with either of her two husbands. Some had had orgasm in auto-erotic practice, others do not know what it is.

Let it be noted that if a doctor asks the wife the mere question whether sex relations are "normal" the answer is usually affirmative, although it develops later that what she meant by "yes" was that the husband can enter and finish. Therefore nothing short of a specific query whether the woman herself has pleasurable excitement, or a definite climax or finish, and the relative frequency and completeness of satisfaction will give evidence in this matter. She may think that excitement or desire is all there is to "normalcy." She may have a rare orgasm and suppose this natural. She may need for detumescence two or more orgasms, yet think one is the normal.

A patient does not bring up the sexual question in December or January; such inquiries are made in the spring and fall.

In eight cases there is no vaginal feeling, pleasure stops at

entry for two, four more want clitoris friction or a deeper reach than can be obtained. Five are known to have no wetness. Five more have no orgasm but are wakeful, nervous and aching afterward, one to the point of exhaustion and fainting, another to blind spells. These cases of sexual anorexia have gone on from two to twelve years. Their general background is that in a year, there may have been one hundred coital conjunctions which have been for the woman incomplete, distasteful and complicated by anxiety.

Three wives say that the husband does not know and has never known the situation. It is observed that one has no coitus now. In the others, the husband is presumed to know, the woman's lack of passion has been discussed. Six of these wives know of some method which would give orgasm if the husband used it, but they have never told him. A patient who has been saying she has "no use for that" or "hates everything to do with men" will sometimes admit that she could have feeling even now if it happened as she prefers.

Absence of orgasm does not mean the absence of emotional reaction. Quite the contrary; there is every reason to doubt both the quality and the continuance of the reported indifference. Separated into its component parts the attitude of these patients has four phases. The woman is passionate—is not excited—feels a mounting distaste—is revolted. Beginning with a stage of excitement for her husband she has next a phase of inhibition and disillusion. This progresses into a feeling of separation in which she is finally excited again; but it is against him, not with him. Crudely, by mere statement, then, we have a level of dullness between two peaks of excitement—an excitement positive and an excitement negative. These phases are grouped in seventy-one cases, turned into percentages for convenience, as:

I. Excitement positive.....	15
II. "Indifferent".....	42
III. Not pleasant, verging toward distaste.....	17
IV. Excitement negative.....	26

The words used by the third group are: "not pleasant," "dislike," "painful," "distasteful," "bored," "frigid." Those considered



as negative excitement are, "disgusted," "angry," "deceptive," "irritated," "revolted," "loathing," "repugnance," "refuse," "hate men," "desperate," "could kill him."

Condensing these attitudes still more briefly means: positive, 15; neutral, 42; negative, 43. The neutral or indifferent attitude needs an expansion and correction for which we have no material. By dividing the people who claim merely indifference and no more, into two equal groups and adding them to those who have a definite position, we have 35 *positive* and 65 *negative*.

This evidence as to states of mind calls for critical observation. It was customary to ask the wife's opinion as to the cause of her lack of response. The answers are fragments: about illness or delivery; or of absence, long engagement, or repression during menstrual pain; or ignorance that women can have pleasure in intercourse. Sometimes there is a valuation of the self: as recognized inability to merge the personality with another or to make times of maximum desire coincide; or a conviction that she is sterile. Sometimes there are barriers of taste; or resentment against injustice.

Whatever the habit about orgasm, there has usually been excitement with the husband. Excitement and pleasurable feeling at some time are stated in all but eleven of ninety-four cases reporting thus:

Formerly, not now.....	40
Formerly sometimes and usually now.....	15
Now, not formerly.....	28
Never.....	11

The eleven women who have never had the least feeling of response, "never a flicker," as they say, with the husband have other forms of excitement. Two have fiercely erotic dreams. One admits persistent daydreams; she thinks that all her erotic life is of the imagination and that nothing else can rouse her. Another is made erotic by her own moods, though not by her husband. A fifth is excited by dancing; a sixth has waked from sleep wet with desire; a seventh, who has epilepsy had no excitement even in engagement; and the eighth suffered such terrible

shock from an abortion during engagement that she seems unable to remember her previous feelings. (The abortion was successfully concealed.) This accounts for some kind of affirmation in all but three. Ten of these hundred are recorded as showing evidence of excitement during gynecological examination.

There are nineteen accounts of excitement in engagement. One of the patients came first during engagement at twenty-six to inquire if she lacked passion. She has not permitted liberties, has not sat on his lap, but admits that she "craves demonstrativeness;" and becomes wet with desire at night, during sleep. Six women were somewhat troubled with local sensation and desire during betrothal; one was excited only when sitting on his lap; one was not very much excited but he was strongly so; one was excited only once when she had a "terrible" feeling of "wanting to grab him" at the genitals. Ten women were strongly excited over periods of about two years. One had such strong feeling that she used to get red in the face and be exhausted after. In an engagement lasting two years the girl was excited during the man's call six nights a week, the visit lasting until ten o'clock; she had excitement and wetness from deep kiss, and sitting on his lap, but was not sure about climax. Another went for four years with a man her parents refused to let her be engaged to; hugging and deep kiss was the limit, except that once he lay above her, both completely dressed.

Two cases reported coitus with the fiancé; neither was ever undressed nor on a bed; and coitus never lasted over five minutes. One girl had thought it complete at the time, but now knows that he did not go inside. The other had no sensation; she was always in extreme fear and held back with all her might.

**AUTO-EROTISM.** The three women who had no excitement with the husbands had some signs of auto-erotic practice, therefore they must have had sexual feeling. In seventy-five cases, there are noted such signs of sometime auto-erotic practice as discoloration of the enlarged labia, changes in the clitoris and prepuce, and evidence of present or past congestion in active hypertrophy or late atrophy. In twenty-one cases there are no entries about vulvar alterations, which may be assumed to mean "no



signs" and it is recorded that the remaining five showed no signs.

In twenty of these cases with vulvar signs, there has been considerable discussion of the subject of auto-erotism with complete admission in eight cases, denial in three, no answer in three and contradictions by six patients. Twelve cases might be called aggravated. The habit began at or about puberty—went on till twenty-one—or till marriage; or it stopped "in youth" or at fifteen, or "until engagement," or "during engagement." Only six of the aggravated cases give data about the frequency of auto-erotic practice. Two report it two or three times a day, one three times a night, one before menstruation only, two or three times a week. There may be considered along with these cases, those which show signs of vaginal or urethral masturbation whether or not it has been discussed. Methods in twenty-six cases are: urethral seven, vaginal five, clitoris five, day-dreaming two, whole vulva four, prepuce one, labia minora one, thighs together one. Several have freely discussed these habits with the husband and one case reports habitual auto-erotic practice in the husband also. In the other cases, it is not known whether the husband knows. Most of the cases report no perceptible physical effect. All have moral qualms and suffer reproaches of conscience, especially the few who believe that lack of success in dual coitus is due to excitement in isolation.

#### INHIBITIONS AND SHOCKS

By the principle of complementary colors the quality of the restraints is in itself an index of the quality of the sexual experience. Look at one and the other appears. The subjects of shocks and inhibitions are taken up at length in Chapter XV on Fear.

Two patients say they were "shocked" for life at fourteen by the story of menses and birth. Their mothers then gave them a consistent repulsion to every phase of sexual life; "horrid" is their key word in talking about intercourse with the husband just as it was the child's word of revolt at the undesired menses. Another was so shocked by hearing about coitus at seven, that she

was very fearful of marriage at twenty. Another was shocked at nine by a boy who showed himself to her. One was shocked about sexual life when, upon coming of age, she learned that she was illegitimate; another when engaged, on hearing of a friend's disgust at marriage. Five patients say they were seriously shocked after marriage. One found out that her husband had a mistress, four were repelled by first coitus and one by a forty-eight hour labor in her twenty-fourth year.

Three patients do not know when they were shocked but have persisting shocking dreams. One of them dreams frequently of men with animal heads. In fifteen cases, we know that there is a general reluctance to share sexual experience, but do not know its precise form.

In fifty-one more, we have specific details instead of origins. These women dislike coitus because they are afraid of it; because they are holding on to unpleasant memories and the Puritan tradition or because dissatisfaction with the husband comes out in this guise:

I. Fear.....	12
Peritonitis.....	2
Pregnancy.....	8
Death.....	1
Husband will have stroke.....	1
II. Unpleasant Memories.....	15
Menstrual pain.....	1
Auto-erotism.....	4
Some one else.....	2
Husband in former coitus.....	6
Convent.....	1
Father.....	1
III. Sex, dissociated from personality-level.....	17
All sex is low.....	6
It is low beyond a certain line.....	11
Clitoris friction.....	3
Except for procreation.....	2
Nakedness.....	2
Bathroom.....	1
Breast and leg caress.....	1
His touching her genitals.....	1
Her touching his genitals.....	1



IV. Dissatisfaction with husband.....	7
Veiled as hatred of:	
Douche.....	2
His impotence.....	2
Wetness.....	1
Deep kiss.....	1
Male emission.....	1

There are only eight records of extreme complaint against the husband's behavior during coitus: he is "rough," he is "brutal," he is "matter of fact," he is "repulsive," he is "indecent," he is "degenerate," once each; he is a drinker, twice, and once, he "used" the wife as a means of self-gratification.

Such inhibitions and difficulties appear in two-thirds of the cases. The basis of discussion at one visit, they were not usually followed up and are very incomplete. Their chief significance is in the fact that they were either volunteered by the patient or are her first thought in reply to a question. A new light intensifies them when we hear in passing about some of the inhibitions of husbands: "he will not use a condom," "he will not touch my vulva," "he thinks it would be wrong to make clitoris friction," "he thinks coitus is carnal," "he thinks procreation is the only basis for intercourse," "he fears pregnancy," "he thinks no decent woman asks for it," "he says if I am cold he will go with other women," "he will never dress or undress before me," "I have never seen him naked," "he locks himself in the bathroom." These comments occur in fifteen cases; the most common one is his inhibition about touching her genitals.

The wives of these fifteen husbands are not free to take a spontaneous attitude toward sexual life, they have to fulfill the husband's ideal. To establish the other half of his theory, the really consistent woman must be somewhat cold.

**CONTRACEPTIVES.** Whether or not contraceptives are sources of inhibition, it is believed that practically all these couples used them, though only seventy cases report specifically. In addition to the twenty-three couples who were sterile, and knew themselves to be so, there are replies as to the use of conceptives in forty-seven additional cases.

Four of these used no prevention at the time of the report and four more had never used any.

There were five couples who practiced coitus interruptus, only; six who used a douche, plain or medicated, only; three who used a condom, only; two who used "safe period" only. The others used combinations of methods; thirty-nine couples reporting sixty-six methods—in which coitus interruptus appears twenty times, the douche eighteen, the condom seventeen, suppositories five, a "safe period" three, veils two, and the pessary one:

<i>Methods of contraception</i>		<i>Couples</i>
Coitus interruptus.....		20
Only.....	5	
With condom.....	5	
With condom and douche.....	3	
With douche.....	2	
With douche and suppository.....	2	
With suppository.....	1	
With condom-douche-pessary.....	1	
With safe period.....	1	
Douche (previously counted 8).....		10
Only.....	6	
With condom.....	2	
With condom-veil.....	1	
With condom-veil-suppository.....	1	
Condom (previously counted 13).....		4
Only.....	3	
With suppository.....	1	
Safe period only.....		2
Veils, only.....		2
Pessary only.....		1

#### BIOLOGICAL FUNCTION

In our culture, the possible alternatives or ingredients for a happy life for a woman are motherhood, her own work, complete identification with the husband, or such combination of these as she is able to effect. None of these women have their own work in the sense of compulsory, long-continued occupation for pay as men do. In the circumstances, it is not possible to hope that a wife feeling frigidity can obtain complete identification with the husband.

This leaves motherhood as the only goal of social utility and the only expression outside the self. It is, therefore, not surprising



that these patients show a concentration on the fulfilling of their biological function. There are three who say that they do not desire a child and the husband of a fourth does not want one, but other than that, there is a constant preoccupation with the problem of fertility. There are acute and distressing mental conditions which did not appear until the patient was convinced she could have no child.

There are five who can be excluded from the group, three about whom we have no data and two brides of less than nine months.

During the period of observation the remaining 95 women had had 165 pregnancies with a result of 110 living children, 10 dead children, and 45 abortions. This ratio does not represent their total fertility since it does not follow the total span of the childbearing period. The 24 women observed until past the fortieth year, averaged two pregnancies apiece; the 17 fertile mothers bearing 35 children and having 12 abortions; and the remaining 7 cases were of primary or secondary sterility. Age of the mother at birth of the first child is known in 44 cases. The range varies from 17 to 41 years; one birth each is reported at 17, 18, 20, 21, and 22 and one each at 36, 37, 40 and 41, with the median at 27 years.

The total fertility record of women up to various ages is shown in the accompanying Table XI. Sixty had had children and some had also had abortions; 9 had had abortions but no children, 26 were sterile. Among the 60 who bore children, 26 women had one child, 17 had two, 10 had three, 6 had four and one had six. Ten of these children were dead at birth or died in a few days.

As to abortions 66 records make no statement and, as the question was routine, are presumed to have had none. Twenty-nine report: 19 with one abortion, 7 with two, 2 with three, and one with six.

The 9 women who have had abortions but no children had 13 of these abortions; 5 had one each and 4 had two each. The only data known about the abortions are that 9 of the 45 were induced. Three women were voluntarily without pregnancies by the use of contraceptives during the period of observation. Twenty-three couples were involuntarily sterile but the five sterile from one to

two years should perhaps not be counted; this leaves eighteen of which six were sterile from three to ten years and twelve from eleven to seventeen years. Of those studied until approximately the end of the childbearing period, the ratio is that one in seven was sterile, or nearly the upper limit set for involuntary sterility in marriages generally. Of those in whom the observation ended at 40, there are 11, one sterile; at 45, there are 7, one sterile; at fifty or over, 11, three sterile, making 29 cases, 4 sterile. If

TABLE XI  
FRIGIDITY AND FERTILITY  
Total Experience by Time Various Ages are Reached

Fertility	Total	Age Unknown	Women Reporting Up to Each Age						
			25	30	35	40	45	50	55 to 70
Total Cases .....	97	6	7	16	26	18	11	7	6
Never Pregnant.....	28	2	4	4	7	4	3	4	0
Involuntarily sterile.....	23	1	1	4	6	4	3	4	0
Brides and voluntarily sterile.....	5	1	3	0	1	0	0	0	0
Pregnant.....	69	4	3	12	19	14	8	3	6
Abortions only.....	9	0	0	2	5	0	1	1	0
Delivery at term.....	60	4	3	10	14	14	7	2	6
Pregnancies, Total.....	165	12	5	19	40	42	22	10	15
Abortions.....	45	0	1	5	16	11	7	5	0
Deliveries at term.....	120	12	4	14	24	31	15	5	15

to that is added those in whom observation ended at 35, there are 13, two sterile.

Besides the 23 cases of sterility listed here, there are 19 others with some degree of sterility, at some time. This includes five cures of sterility, one of two, two of six and two of twelve years standing. Eleven women who eventually had one pregnancy apiece were sterile for a time and three more are known to have been sterile after fertility had been established. In addition there were twenty-six one-child mothers some of whom may have had one-child sterility.



To summarize: These frigid women presented on the whole rather more frequent problems of sterility than the other groups, as 42 in the hundred had some question about it as compared with 35 per cent of the whole series. Of these 23 had primary sterility in the sense of never being pregnant, and 19 others were sterile for a period either preceding or following some degree of fertility. How many of the 26 women with one child were cases of one child sterility is not known.

#### PHYSICAL CONDITION

None of these patients came to the physician for sexual frigidity. Only one told of it at the first visit, and only two or three ever volunteered the facts. It developed during analysis of the patient's difficulties, as clues were followed. The problems disclosed at the first visit were distributed about as in the whole group, and for 91 were as follows:

Obstetrical.....	25
Pregnancy.....	16
Postpartum care.....	9
Gynecological.....	66
Growths.....	16
Inflammations.....	11
Mechanical defects.....	10
Sterility.....	9
General conditions possibly pelvic in origin.....	7
Syphilis and gonorrhea (4).....	6
Menstrual disorders.....	5
Premarital examination and marital adjustment.....	2

Thirteen of these cases were first seen when they were single. Of the others, reports show that of 76, half had been married four or five years before the first visit. Thirteen had been married less than a year; 25 from one to five years; 18 from five to ten years; 9 from ten to fifteen years; 8 from fifteen to twenty years; and 3 for more than twenty years.

**PELVIC HISTORY.** The history of the hundred cases has pelvic emphasis. At the time of the last interview for frigidity, it can be ascertained that every one of them had some possible reason for

unpleasant associations with the pelvic zone, thus the records, counting only one main condition apiece:

Pelvic operations.....	36
Problems of childbearing.....	30
Sterility.....	11
Only dead children born.....	6
Abortion.....	4
Child before marriage.....	1
Illness following delivery.....	3
Pregnancy with ovarian cyst.....	1
Fear of pregnancy.....	4
Venereal diseases.....	12
Other severe illness.....	7
Repression and auto-erotism.....	6
Menstrual disorders.....	5
Male impotence.....	4

These difficulties had an anatomical basis in the proportion of one in five. There are two cases with a deformed pelvis, six each with infantilism and ante flexion—making twenty in all. The nine cases which mention some passing dyspareunia refer to the automatic closing of the vagina at entry and have no organic cause.

Twenty patients with anatomical defects have difficulty with menstruation: dysmenorrhea occurs 8 times; amenorrhea 4, menorrhagia 2; menorrhagia in combination with dysmenorrhea once. The age at first menstruation ranges from eleven to eighteen years, the median, thirteen. The intervals vary from 21 to 56 days, in the twenty cases where it is known, with six women placing it at 28 days. Irregularity of the interval is stated in 14 cases, with regularity presumed where there is no contrary statement. There are twenty reports of amenorrhea, eleven of menorrhagia and twenty-two of dysmenorrhea; forty-seven without specific entry.

Of thirty-six patients who had operations six had hysterectomies, rarely with removal of the ovaries, and twenty-nine had lesser operations upon the uterus.

When divided according to stability of general condition there are four groups. Except for three deaths (all carcinoma) these patients are all still living, so far as is known. Half of them were



apparently of basic average health and half were not. Of those observed ten years or more, half are in each group. The difference between the groups is in their nervous stability under the strain of life:

Constitution permits serious unbalance.....	25
Epilepsy.....	4
Melancholia.....	7
Neurasthenia.....	9
Neurotic.....	5
Constitution below par.....	27
Nervous.....	7
Anemic.....	3
Obese.....	9
Delicate.....	8
Good general health always.....	17
No indications of other than good health.....	31

These groupings are not exclusive. One of the epilepsy cases also has suicidal melancholia; one of the melancholia cases was suicidal, one was insane awhile in a sanitarium, with sterility from gonorrhea as a complication; another had gonorrhea; one of the neurasthenia cases was suicidal; one of the wives of impotent husbands was diagnosed as a melancholia case and another became suicidal; five of the syphilis or gonorrhea cases were verging toward neurasthenia; one syphilitic patient had gonorrhea also, and vice versa; one of the sterility patients reports insanity in both hers and her husband's family.

In general those with health below par outnumber those with good health in the ratio of 5 to 4. The fact that the most aggravated cases of nervous unbalance happened in the forties prompts the arrangement of the data by age groups:

	Total	Good health	Below par
Below forty.....	49	22	27
Forties.....	29	11	18
Over fifty.....	7	2	1

The more difficult cases occurred between twenty-five and fifty. Prolonged and severe nervous disturbances classified as

neurotic or neurasthenic were seen most often in the thirties, after which the patients disappeared. The four epileptics were gone before they became thirty-five; the melancholia cases were peculiar to the forties, though they functioned early as neurasthenics. .

The fifty-two women counted below the line of good health bore half of the 120 children of this group, including nine of the ten children who died. Seven of the nine who had only abortions were in this group; ten were sterile. The forty-eight women estimated as in good health also bore sixty children; thirteen were sterile.

Each of the four epileptic patients had one child, the seven melancholia patients included one sterile case and six were mothers, with ten living and four dead children. The fourteen neurasthenic and neurotic women included four with sterility, two wives with abortions only, and eight mothers of fourteen living children.

Some of these patients had destroyed their own adjustment to life and upon others were imposed from the outside greater burdens than the constitution should be asked to carry. About twenty-four there are no details. All the other seventy-six had some disability which might result in acute social maladjustment; ten were first seen as single women with anatomical, functional or temperamental defects; thirty-two had varying degrees of nervous instability; twelve had venereal diseases; twenty-two had problems of marriage or sterility.

#### INTERPRETATION

Thus far concern has been chiefly with recorded observation, and factual presentation. The study now leaves the field of fact and enters that of opinion. The deductions which follow are pure hypothesis.

The ultimate significance of this material appears not in the search for causes and classifications, but rather in the vitality of the cases. These people are alive. They walk and talk before us. Out of their words houses bleak with loneliness and bedrooms dull with apathy grow as stage setting.



An atmosphere without color and warmth settles against a background of dreary finality. They deny beauty. This is the winter of their discontent.

The fundamental principle is that we must not believe that we know all. The patient can not tell all; it is not possible. Not only are yesterday and tomorrow lacking, but the complete information of today. The shortest case might turn out just like the longest case, if we knew as much about it. It is not, for example, feasible to say that six patients had one cause, six patients had two causes and ten patients had ten causes of frigidity; the stolid woman who had one obvious cause, may also have had all other possible causes, but she is inarticulate.

In the second place, after frigidity has been once disclosed the patient may feel impelled to consistency. Under the pressure of conscience she explains her position and her theory. If the doctor's reaction sets self-defense in motion the patient must still be frigid at later interviews. Otherwise she admits that she had been in the wrong.

These considerations make it wise to feel more hopeful for every patient than a literal interpretation permits. Furthermore this evidence is not to be regarded exclusively as data about marriage, since marriage in itself does not change personality. It is chiefly philosophical data about life.

THE QUALITY OF FRIGIDITY. When William James talks of the negative principle in religion, he says . . . . "We shall see how in certain men and women it takes on a monstrously ascetic form. There are saints who have literally fed on the negative principle, on humiliation and privation and the thought of suffering and death—their souls growing in happiness just in proportion as their outward state grew more intolerable. . . . And it is for that reason that when we ask our question about the value of religion for human life, I think we ought to look for the answer among these violent examples rather than among those of a more moderate hue."

In the defense of the negative principle the saint takes a very positive form. This distinction is likewise to be observed in the case of the frigid woman. She is not a person who refuses

something casually but a fighter carrying on another battle. Frigidity is best understood as a positive quality. It can not be translated as the absence of sexual desire, for there are many conditions which are a-sexual, without the manifestation of sexual coldness. Childhood and old age are without what we recognize as primary sexual expression and adolescence may be a period of diffusion without central focus. Illness, hardships of climate and vocation and certain periods of idiosyncrasy in development have no sexual accompaniment. Immediately after complete detumescence in mating there is no desire. The sweetheart of one is customarily sexually oblivious to others. These states have no sexual desire but are not the same as frigidity.

In young love there is a period without physical desire even with the utmost attraction. The lover has eyes; later perhaps hands, posture and body as the radiant expression of the spirit. When the moth is before the star, the star has no body. Browning and Keats and Shelley and Tennyson have made a love pattern of worship before the shrine. The poetry of the middle ages elevated this tapestry to a mass religion. The beloved was Lady and was Virgin. The knight who wore her colors made a faith of her remoteness and it was the business of his chivalry not to think of woman as reality. Woman was dream. Handed on to men today however awkwardly, this aureole shines briefly around every girlish head. It is an absence of primary sexual desire, but not frigidity.

The historic and present forms of asceticism emphasize the desirability of the absence of sexual desire and bodily sex expression. But asceticism is a positive faith. It originates such phrases as "intoxicated temperance" and "ascetic sexuality."

Conventionally coldness is more prevalent than warmth. Education teaches the absence but who teaches the presence of sexual desire? Logically, we expect that this be so and our culture exalts its symbols. We have a ritual of the cold tones—blue, green, silver, white and grey. Even in maturity, innocence and virginity are highly rated and the classic behavior of women is formulated on frigid lines. When, therefore, a woman plays the rôle of frigidity, it is a part of the world's ideal as set before



her and her husband. It may be the rôle in which he as well as she implicitly believes. A woman absolutely frigid without other experience fits consistently into environment up to the very act of mating. But the overt implications of the stories are that the husband is to blame. Marriage takes for granted a miracle in which he overcomes this history and experience.

BEGINNINGS. The difficulty here presented is that at some point in the scale the half circle of the male approach was unable to create in the woman the other half of response. This was at engagement caress, at the bridal night, at intromission, at orgasm, at repetition, at play rather than for purpose, at passion as opposed to spirituality, or what not. Or it was at any one of these and moves backward and forward despoiling even memory.

The methods by which the body says "No" are more than verbal. It can go on a trip, can go into another room, can sit in another chair, can turn its face away. They are also more than physical. The introitus, for example, accepts the phallus in coitus but the mind remains aloof—thinking, "All men are alike," or "This is not true." A gesture of the hand, a shake of the head, the cramping of the adductors of the thighs, and the closing of the pelvic floor muscles are equally forms of refusal. Sexual negation progresses from "I do not," to "I can not," to "I will not."

The first step is a relatively simple state of acceptance. The patient denies the orthodox reactions, but perhaps still has positive experience. "I can not" means "I am hesitant about the ethics of refusal." The two earlier responses are moving toward "I will not," and "I will not" is a terminus. There is definite purpose to be cold. Warmth is felt as resistance not as suffusion of joy.

A scheme so elaborate and purposeful means that the term "frigid women" is poetical exaggeration. Frigidity is better understood as sexual hesitation which takes some other than the expected course. It trails passion as concealed desire, and is a manifestation not of the absence of sexuality but of its direction away from the primitive satisfaction goal of the sexual embrace. In this series there is no case where desire has not begun. The

problem is always one of thwarting the achievement of the full cycle. What is it that at pre-orgasm or the pre-coitus period, drives sexual expression away, into a secondary or even an a-sexual form?

This is a reaction against the social tradition of sex, against the husband or against part of the self. Is it social or personal?

**PERSONAL CAUSES.** The patient may have an organic, a functional or a temperamental difficulty. Organic causes of frigidity may exist, but these hundred cases, and about fifty others found incidentally in handling records, have none which may be proven as so basic.

Functional causes no doubt play a part which can not be here established. We have attempted to trace every case of variant menstruation but without finding, except as it could be equalized by other facts any difference in experience from that obtained by persons of entire sexual normality. For instance a woman with amenorrhea and no evidence of auto-erotism was frigid, but her husband found sex offensive except as it was a sacrament for procreation. It is also necessary to take into account the known responses of menstruation to the psychic life, because of which it would be hard to establish priority. There is no sense in discussing as a case of functional frigidity the woman who has amenorrhea and is cold to the husband, if she is auto-erotic or admits interest in other men.

The records were taken before the day of endocrinology, so that glandular unbalance plays no ascertained part in the whole; it merely adds another suspicion to every case.

The nearest approach to physical causes is the prevalence of nervousness in aggravated forms up to neurasthenia. By the time these patients came to the physician, they were often in acute mental conflict about some phase of marriage. The general lack of vitality, fatigue and nervousness, which is here characteristic, is the nearest approach to an invariable concomitant of the causes of frigidity.

Without establishing it as a cause, temperament can also be established as a concomitant. By sexual hesitation the spoiled child and the egotist express inability to accept life. The married



virgins and those having conflicts between auto-erotism and coitus repeatedly give such evidence. Throughout the data the admissions of auto-erotism and its psychic reaction constitute a significant contribution of the histories. Fear: of living, of accidents; of pain, illness, death; of burglary, men, difficult situations and all kinds of insecurity; also appears here as part of the context which fears sexuality. This burden is best viewed in connection with its social origins.

**SOCIAL CAUSES.** Books about sex frequently say that frigidity is a disease of civilization. Without regarding that as scientifically established, it seems obvious that comparability can not be established even between nations on similar cultural levels. Discussions of frigidity in America, England, France, Germany and Italy are affected by the position of woman in those countries. Figures for rural and urban American life would not necessarily coincide. The following statement about social causes represents only an American metropolitan group, above the average in education and wealth.

The point of view of the average "frigid" patient is that her sex life is concerned with the lowest part of herself. "I have," she says, "a dislike for fussing with myself down there." "Down there" meaning something below and outside the personality—the standard phrase for referring to the vulva. Coitus is referred to as demeaning and impersonal in the same way: "I hate to do it," "I wouldn't ask him for it," "He thinks no nice woman wants it," "He says marriage isn't for that."

This is a paraphrase of the sexual attitude derived from environment. The parents gave no direct instruction; or the father forbade curiosity; or the mother instructed in such a way that she produced shock and tied menstruation, prostitution, childbirth and maidenly deportment all together. The convent or the church gave a distaste for worldly things. The school gave no direct instruction except in such an unprecedented way that it produced shock.

Meanwhile the really significant instruction of all these agencies was in the pressure of opinion and inference. The poets, the saints, the stoics, the hero worship and the scientific attitude on the one

hand made a beautiful and remote ideal of sex. The newspapers, novels, plays, gossip and real life on the other hand brought sex down to earth and showed it as a series of consequences—birth, murder, crime, scandal and disgrace the worst. With these ingredients the patient formed a strangely adverse concept of sex. Procreation and biological habit as the only justifiable purpose of sex union appear again and again as an independent judgment.

With the exception of cases coming for contraception, these hundred women generally had, and were using, contraceptive information at the time they came to the gynecologist. Fear of pregnancy was not the typical problem, yet it was sometimes acute. Combined with an entire ignorance of the anatomy of reproduction, it constitutes a vast technical handicap to sexual expression.

None of these records contain evidence of a husband who was a great lover. These are men who after a while accepted their disadvantages. The husband can be said to lack the technique if not the concept of lovemaking.

There are complaints about frequency—intercourse is too often or too seldom—but the typical grievance is that he is too matter of fact, goes straight to intromission without romantic or interesting preliminaries and ejaculates too quickly. Coitus comes to be a crudely biological process, carried out by mechanized routine: "He kneels between my legs and is through." "He never," says his wife, "asks whether I am finished." She is "not often disgusted, only when he makes a muss." Resistance to this monotony and uniformity, is so strong that the woman's frigidity functions as a means of variety.

The several cases of male impotence are no more bitterly commented upon than the husband whose wife says he is potent but has "no creative concept." "He just goes right to it." She wants an artistic form, with the tempo of beginning, middle and end. When he says she is unresponsive, we nearly always find that she says he is "too quick." There is a correlation between frigidity and quick emission. Besides the explanation which blames the husband there is also the possibility that he stops because he gets no answer. He can not go on alone.



## CONCLUSION

There are thirty-one cases about which we have no clear, defensible idea of the causes of the frigidity.

Some of these are devoted and happy wives. Fifteen more have mental causes for coldness either in sexual adjustment, temperamental compatibility or philosophy. Eighteen have causes which, at the stage of observation, sound as if the fault lay with the husband: eight husbands gave the wife fear of venereal disease; six were believed unfaithful; two were impotent; one wanted to marry another woman, another was too tired.

Thirty-six women had some possible basic cause for frigidity: eight did not want children or feared pregnancy; four were sterile, four were epileptic; eight more were auto-erotic; three were fatigued, six were afraid; two thought it "animal," and one could not forget her first love.

Raveling the skein farther leads only to mixture of complications. Has she local inflammation or some anatomical trouble? Well, yes, a little. Is she auto-erotic? Formerly, in nearly all; now, in exaggerated cases. Has he quick emission? Always. Is he too speedy and matter-of-fact about the whole business? Of course. Is she temperamentally difficult, verging on the nervous? She is. Do both of them really think that passion is somewhat outside of spiritual development? They do.

The causes are therefore multiple causes of physique, temperament and education, of the husband's inadequacy as a lover, and of the surrender of both husband and wife to habit, ignorance and a low creative level. Causes follow each other rapidly once one is established, and only time is needed to enlist them all.—She has some hesitation in permitting entry; she finds her husband too sexually insistent; she grows religious and idealistic; or she finds the last stage first and adds the other two. There are recognizable types of coldness for the engaged girl, the bride, the wife of a year, five years, ten or fifteen years, with progressive change from a romantic to a practical frigidity.

In cases affording average details, there is no indication of permanent frigidity. Excitement came for an interval in early

marriage and disappeared later, or it appeared after the couple felt really united. Frigidity with the husband did not preclude extreme desire for, and even possible coitus, with another man. The most consistently frigid are the auto-erotic. From auto-erotism, combined with the husband's quick emission or auto-erotism and disgust, the woman carried scruples and self-contempt over into her erotic life with another. She is quite unwilling to tell that feeling is external and vulvar and that orgasm can be secured by methods adapted to this peculiarity.

Nothing is more apparent than that there is general feeling, although it may go into side channels. She has "never had any sensation" but she has pruritus. She "does not like it, doesn't refuse" but she plays and sings every night with a younger man. She "never had a flicker of feeling" but she has had an operation for pus tube, she admits auto-erotism, she has pruritus, erotic dreams and nightmares of men with animal heads. No coitus, or "no gratification," but dancing, society, bridge, tea, coffee, alcohol, hunting, motoring, housekeeping, charity, religion, care of children, nerves or illness may be recognized as the main direction of sexual vitality.

The soul has its own wise provincialism. Something inherently lovely and valuable keeps it from being submerged in another personality. The balance of defiance and negation which shows in the case histories of these "violenter examples" of frigidity, is the inversion of a provision for integrity and growth.

Further interpretation of the phenomenon of frigidity follows in Chapter XIX. Briefly, the conclusion is that this is a misplaced virtue which has taken an ugly form. In such connection these are the chief points observed:

1. Frigidity is not a fixed state which comes on whole and is borne to the grave. It should not be elevated into the position of an organic disease or disorder whereby women may be classified as those who have it and those who have not.

2. There are no proofs that frigidity is congenital or that the frigid woman inclines toward the masculine or any other type. Neither is there proof that it may be classified as "absolute" and "relative."



3. Frigidity in women is usually studied in marriage only. Upon this basis it can not be judged as if it were of the woman's complete sexual capacity.

4. It takes two persons to make one frigid woman. Then the state must be viewed as an affair of the marriage; the husband's function is in question as well as the wife's, and the male complement to the female frigidity must be ascertained.

5. Nine-tenths of these cases are known to have had original sexual capacity and desire for the husband at some time, and some have had its full conclusion. Frigidity is only the account of its diversion. Their coldness then is at some place along the scale, but not at the beginning.

6. Unless endocrine balance, as yet unstudied, has the key to the physical side, the primary or remote origins are multiple and too diffuse to trace after the early stages.

7. The effect is upon the whole woman. Pressures from outside and conflicts from within prevent the integration of personality. This retarded development struggles toward liberation—either toward sickness or some form of independence from the husband.

8. It should be noted that these cases presumably met the accepted social tests for womanhood before marriage. After marriage, they did not meet current standards for fertility, health or marital happiness.

*Case 975.* A frail and delicate woman of forty-six, comes about marital problems.

She is pallid, sad, has always been cold; two children in the late twenties, abortion after forty. Menopause began ten years ago; she has eroded cervix, insomnia, headaches, some evidence of former auto-erotism.

She had excessive Puritan training. They were engaged for years—seeing each other only rarely—"Father told me not to kiss him—Mother said she never kissed her husband until after marriage."

No one told her there was any pleasure for a woman until three or four years after marriage. Relatives told her repressive things about coitus. Her mother said, "No good woman ever has pleasure, passion is for the vile. . . . Women only do it for money, even prostitutes and

mistresses have no pleasure—once a week is enough. If anyone was more happy after marriage, it would be scandalous. I'd be ashamed if I enjoyed it." Even after marriage, "it was up to me not to let it happen, it would hurt him." . . . "This about a husband is the hardest thing a woman ever has to do." . . . "If you love enough you can stand it."

The husband is cultivated, charming, kind, very sympathetic. He treats the matter as their common problem. Together, they have consulted several physicians and she has learned to accept sex theoretically, has tried many methods. He had at first precipitate emission, now it is in two or three minutes. "With the most conscientious effort," she has been able to secure only one orgasm.

*Case 399.* A woman from the Near East comes in the late twenties after five years marriage because she has never had any sexual response. She is a very simple, direct, sensible woman, lusty and hearty. She never knew until she had been married two years that a woman had any sexual pleasure; her mother told her so. She has had two children, easy labors, the first pregnancy beginning in four months.

She has no pelvic trouble, has never had any shock or aversion, no fear except that of pregnancy; they used a condom as contraceptive when first married and she now uses a lysol douche. The clitoris is small; the vagina relaxed and gaping; the levators relaxed because rectocele is beginning. She contracts levators in coitus because he likes it but without pleasure to herself.

She went to high school and "went with" her lover for four years though her parents refused to permit engagement. They had to conceal their meetings, once in two weeks they went to the theatre hugging on the way home. Hugging and deep kiss were their limits except that once he lay above her, both all dressed. She had thrills and was wet, but did not know it was sexual excitement. He has tried to excite her by breast and vulva caressing and by reproducing engagement conditions. He is a big fellow, loving and drinking, never rough or impatient; she has no disgust, he loves it so. Coitus is three times a week for two or three minutes though he can wait up to fifteen minutes and can get a second erection. She pretends to care and to "come" because, "He said he could divorce any woman who didn't" and he would "go with other women" if she was cold.

The vibrator in the vagina with the patient holding it herself, causes some pleasure. "Could you tell your husband about this?"



"No, he would say 'Do you suppose I want that kind of a wife? You have been deceiving me'" . . . She finally returned the vibrator saying that the machinery would not work for her and she dared not ask her husband.

*Case 1044.* A professional man married twelve years comes because his wife's eyes burn after coitus. She has never had orgasm. He says he did not know women had any. She says she is restless afterward and vaguely wants something more.

The wife is over thirty with good health but never husky. She menstruated at the normal time with normal periods. She has a roomy pelvis; and retroversion for which she wears a short Hodge pessary. The vulva is not corrugated but deeply pigmented and has signs of old auto-erotism; clitoris without adhesions, excursion an inch in either direction. Hymen has three nicks; hemorrhoids bleed at times; introitus admits four fingers for two joints; poor levators.

After an engagement in which there were no freedoms and no excitement, she was married at twenty. Shortly he went to war and afterward was home seldom. His mother had taught him that everything must be referred to her for decision and it was two years before he was free of this. The first pregnancy ended in a spontaneous abortion; two living children were born well spaced. The husband now wants a third but the wife does not.

Coitus is now about twice a week and he ejaculates quickly, perhaps two minutes, "not three," the contraceptive is a rubber condom. She is "indifferent, finds coitus a nuisance," without dislike or disgust. "I don't even like him to kiss me on the mouth."

Two weeks later, the report is that she has had two times of indifference and one of successful excitement with orgasm brought by his clitoris friction. The pessary is changed to a three inch Smith which holds fairly. Two weeks later, she thinks she has a little more feeling. In six months there is little improvement. He lacks skill and the period of indifference has been long.

*Case 557.* This patient is forty years old, married over ten years. She complains of sexual anorexia since the delivery of the only child now nine.

The husband says she has never recovered from the emotional repressions of childhood. She had Puritan training. Her father was a Christ-like man, her mother a hard and domineering woman; at one

time she plunged the girl's head under water to subdue her. She lived alone with her mother for years and the mother created in her repulsion to sex relationships. Her husband says the mother (now dead) was "squeezing the lifeblood out of her."

As a girl she would listen to nothing about sex and was curious only about the difference in the sex organs. She did not play with dolls but with boys at baseball, quite different from her sister who played with dolls and craved babies. She was temperamentally incurious; until ten she knew nothing about sex. Menses came as a surprise, she was morbid, depressed and resentful at being turned into a girl and at the idea of motherhood.

Engaged twice, the first lasting more than two college years was unfortunate and "spoiled those years." The stress of this engagement caused amenorrhea for four years. Both were subconsciously passionate, and frightened of it; he was selfish and vacillating. There was some rousing during the second engagement. She had no instruction before marriage except haphazard dribblets of information; there was some distress, no shock at the physical side; the husband is tender. Their habit of coitus when first married was two or three intromissions once a week; he could wait five minutes. Their contraceptive was observance of a "safe period," avoiding four or five days before and after menses and having emission in the lower vagina. After three years she became pregnant. Before delivery she had normal feeling and response.

Due to over-distension at delivery, the vagina has been insensitive for the past ten years though she has told her husband only recently. She dislikes his approach but is greatly disturbed in mind because she cannot be a wife to him; she is exhausted and depressed.

There are definite signs of old auto-erotism; the introitus is four fingers; the vulva is relaxed, not much muscle; there is some levator action. She is talked to about orgasm; possibly strong levator action would help. The husband says that friction of the vulva produces no excitement. . . . Six months later she loathes his approach and begs me to "call him off." . . . A year later she elects to stay at home when his business requires residence abroad.

Here is a condition where a proper repair after delivery would have been likely to prevent relaxation and indifference provided it were done at once or before the coldness was a fixed habit.



*Case 621.* This patient was first seen nearing menopause for repairs and laparotomy.

She is large, handsome still, with fine eyes, steady quiet manner. Menstruation was established very late.

She was married at twenty-one; she has had six children and two abortions, all hard labors, all nursed. He is a big strong chap, quiet, slow, strong features, good sense and good connections. With strict economy they have done fairly well. She has slaved for him and the children and her story of hardship rings true. She has "never a cent;" he has given her no spending money, but merely paid bills.

In the first days of marriage there was complete sexual response on her part. The first night coitus was any number of times; she had dyspareunia, was exhausted and sore in the morning. For years their habit was nearly daily, not five minutes duration. "He was never good for more than two minutes, never in his life." She complains of dyspareunia sometimes and says he is larger than average. Preventions have been condom, wombveil and douche. The introitus is four fingers, insensitive. There have never been any preliminaries. Of late years she says he is only kindly and demonstrative when desire is strong upon him, even then he does not care whether he develops her feeling, no caresses, just coitus; of late indecent speech during coitus. Once when she asked if he loved her, "Oh, you're cheap and convenient." This revolts her, and she is revolted when he comes home drunk and wants coitus; yet she still loves him and he her.

Their estrangement is also due in part to trouble between them over her property. Of late he has not asked for coitus for a month. Probably he "gets it somewhere else."

She feels much better for the operation; at first there is a little pain in coitus lasting two or three minutes; she has no feeling; could have but "don't dare" for fear of the capacities in herself and his not satisfying her because he will not do any caressing or preliminaries.

\* Two years later, she says coitus is only a minute or two. She has no repugnance of feeling, "Since you told me I mustn't. It tires me all out. I ache in every bone. He is like a new man after." She explains at this time, "I never could bear it. I was cured of that the first night. He kept up all night long. That disgusted me forever. It hurt at first. I used sometimes to have feeling myself but now not for years. When I was engaged my sister says in my sleep I once pressed up against her hard. I didn't remember but she laughed at me. . . . Don't think I never liked it at all. There were times it was very pleasant, but too short and not so very often. I could have been all right that way."

Three years further on she explains that in a quarrel he once kicked her. . . . She moved to another room and since then coitus has been once a fortnight. He has to be civil and pleasant to get intercourse, "Which makes a great difference in him. When it was two or three times a week he had rages. I would have let him have it then not caring if it killed him."

When coitus was only once in ten or fourteen days there were no quarrels or rages but his face was fierce purple, blood pressure very high before coitus, and lower after. Now she persuades him to go without intercourse and his color and pressure subside without. She wants his doctor to forbid all coitus in the hope it will die out. "He told one of our friends that I had not lived with him for seven years." . . . A few weeks after the above explanation she left him, "He kicked me out."

Later, she is considering whether or not to divorce him. She tells of indignities before the children and servants, says "It's all a nightmare to me." "I think he is now going with someone pretty often. . . . He is at the time of life when it is natural for men to go astray." Her attorney has found that he stays at the home of a certain woman from 10 p.m. to 1 a.m.; she says she is willing "to go back to him now to save him."

*Case 1048.* After several years of marriage the wife of a professional man was examined for retroversion and eroded cervix, introitus two fingers tight, some cramping of the levator muscles. She was shy and therefore without saying anything, the doctor fitted a pessary and instructed her in its use and in the use of the jelly. The letter which follows came more than a year afterward:

"I wonder if I may tell you and ask you some things I've never put into words before. My father died when I was very young. My minister is the only person in the world, I think, to whom I've ever taken a problem and that was purely spiritual, so don't think I am some neurotic creature. You are a Christian and somehow I feel you won't think it an impertinence to call upon you.

"What my husband does not know, and what I've never told before, is that I married him without love. He knew I had been engaged to a man I adored who almost broke my life in breaking his. It's too long a story to go into but I went away to leave him free for the last hard years of professional preparation. Well, he was under terrific pressure and he broke; and the end of it all was that he married another girl, lost his faith, and so on. Some two years after in spite of my protests and



"no's" the second man came to make me promise to marry him. I was lonely and heartsick and in all sincerity thought I could make him happy—and that my confidence and friendship and real affection were the ideal elements on which to base happy marriage. I had no more idea than a baby as to how very much physical compatibility had to do with happy marriage.

"When he had gone home, I began to realize what I felt was not enough; but, mistakenly or not, I would not break my word of honor and treat him as life had treated me. Then when he changed his work for me that bound me more than ever. So it really seemed as if it was God's will to go through with it. I haven't a perspective yet; I can't say if it was—but perhaps you can realize how difficult marriage was for both of us. I did him a great wrong. I steeled myself to the physical intimacy of marriage and made myself be affectionate, to yield in everything. But the fact that I was pregnant at once, almost, made him unwilling and afraid to express what he felt, and so there was more than a year when there were no unions and we grew farther and farther apart, tho' the conscious efforts we made for happiness were continuous and intense.

"All the time I was conscious that there was a whole world of life and love in me just waiting to be released. But even his kisses from the physical standpoint. . . . The struggle almost wrecked me but it was for him I fought and never once did I blame him for some of the things that made life hardest. The least I could do, when he wanted another child, was to comply and so we had the second dear baby. He arrived at a terribly unpropitious time, after nearly a day of agony, but he is such a happy, healthy little thing that I think prayers were answered, and our fundamental soundness overbalanced the mental agony of the months when I carried him.

"So the same problem which confronted us before is here again. I haven't the vitality to give another child. My husband feels the absolute need of union, and the practical difficulties of normal married life, under our circumstances, are something you simply can't imagine. . . . I have wondered if there was anything more I could do to make myself respond to him. Fatigue and pain are handicaps, but nothing in comparison with the consciousness that I, who am ardent and spontaneous and demonstrative by nature, had become bitter and repressed and cold and indifferent in spite of fighting against it. But just this week has come a great change. He has brought about the mental change, psychological rather, and you the practical. For we have had unions

this week for the first time in our married life that satisfied us both. I've found that his mental and spiritual state depends a great deal on his physical, and that's why this immediate problem is so pressing.

"After this week I now feel that there is a little light. But as you are the only one who has seen the inner side of our marriage and has the kindness and will to help us, I wanted to tell you frankly just what your practical help meant to us. I would like to know about the jelly which I still have untouched. Is it safe to use without a douche? Does it kill, or simply cover over the womb opening? Are quinine capsules better to use in conjunction with the pessary? Is the pessary a complete preventative, or should we be careful for two weeks or ten days of the month? If you should have time, I can't tell you how I would appreciate a note of advice."

*Case 617.* A bride of eight months had come first for pregnancy in the early twenties. Her sister said that she was hysterical about her health, almost a hypochondriac. She weighed too little; was high strung and extreme; with wide pupils, jumpy, neurotic. She began menstruation early and continued regularly, somewhat scantily with dysmenorrhea which went on until twenty. She has vaginismus at examination though the introitus is three fingers; she says she has an ordeal at the dentist's; she has dyspareunia and no sexual response.

The husband is a few years older than she, they were engaged soon after their first meeting and married in a few months more; . . . She had always wanted children. The first baby was followed by a second soon . . . both the children are fine and she had good health in pregnancy; she wants more children but has laceration of the pelvic floor and prolapse of the uterus and needs operation.

After five years of marriage she is actively considering separation and divorce. She "adores" her husband, he is intellectual and fine; she "admires" him immensely. Sexually she has only repulsion and indifference toward him. He is very passionate and is in despair about her lack of response.

The facts in the background are that she was brought up by her aunt and was always at odds with her mother. The aunt had a fear complex and a disgust of sex. She in turn was the oldest daughter of a mother who had many children and hated to have them. She was taciturn, never talked about her husband but had three children and one abortion. If she did not hear from her son she would always suspect that he had been murdered. As a girl the patient was handsome and



flirtatious; did no more than kissing with the men she knew, but always suspected everyone of sexual relationships with her sister. At twenty her sister was out in a car with a young man and she was sure that something had happened.

The patient practised auto-erotism formerly but has given it up. At present other men excite her and every dance excites. There has never been response with the husband, no lubricant, no excitement and no wetness.

The doctor tells her she is making a father of her husband. She talks everything out with the husband and she is now interested in two other men, both are magnetic and dynamic, stocky and athletic type. Last summer a third man excited her tremendously all summer. Coitus took place in bed on more than twenty occasions. No lubricant was necessary and she got quite a strong climax if handling of the clitoris were done first, a thing which she would never permit the husband to do.

She now talks of leaving the present husband and marrying a widower who has children.

*Case 26.* At thirty-one, after two years of marriage, the wife of a professional man comes for sterility. She is well-nourished, has no energy, but is never ill. Menses began at adolescence regular, depressed before, but painless. She has dyspareunia, hypertrophy of the cervix, and pruritus; leukoderma verucca vulvae, white out to the hair; the vagina is smooth, thin walled and insensitive; tiny clitoris; auto-erotism. An operation for retroversion with suspension has to be done, with resection of a one-inch cyst on the left ovary; the sphincter is stretched; and the prepuce freed from adhesions.

At about thirty-three there is a long discussion of her marital difficulties. She is a handsome "Gibson girl," well educated, who worked at her profession nearly ten years; "I was much teased with feeling before marriage, never since, but I am capable of strong passion still." Her husband has no avocational interests—goes out late at night, returns in the morning—has talked of suicide. They have separate rooms; she goes to bed at eleven o'clock and gets up at eight; he retires at two and gets up at ten. He avoids her during the day even if he is home. They are never alone, have nothing in common and can't talk together. He was brought up selfishly and never did anything for anyone else. He cannot share anything: either rules, or has no interest. He will eat a meal or drive twenty miles with her without speaking. He never

shows any affection now; he showed very little in engagement. "I cried all my first weeks of married life. Later I got better and was sarcastic. I left him three different times but my family always take his part. Once I left deliberately to change the conditions and to bring us closer together. It was not of long duration. Now I am determined to stay but I am growing bitter toward the whole world."

Intercourse now is about once a fortnight; he wants it but does not show any affection. "When he makes advances it is two o'clock in the morning and is just as if he wanted me to enjoy. I could respond to him physically if I felt that he loved me."

"He thinks more of me than of anyone else but he never expresses it. He thinks of no other woman. I think the world of him. He is a very fine man but he is cold. I break out about once a week. I could smash the furniture." When she approaches him he says, "Marriage isn't just for that." She replies, "That thing is not very necessary to me but affection is. . . . I think a woman feels passion more before she is married. If it wasn't my husband it might work on my imagination if it was wrong. It's the being wrong that makes it attractive and dangerous before marriage. If some other man just looks at you, it rouses all your feeling." She has become greatly tempted by other men. She volunteers that she has often kissed a married man; he does not love her or she him; it has mostly occurred in an automobile. She justifies herself by her husband's frequent late absence when he will not tell her where he goes, "I think he is surely faithful to me, but if he is why don't he tell me? . . . I threaten that if he don't show me more affection it will drive me to other men." He says, "Oh, well, if you want to be foolish."

A year later she has pruritus even up the vagina. This feeling of erotic desire and consciousness of genitals is very constant lately; formerly it was relieved by coitus which is now once a month. . . . She volunteers that she is losing ground morally and freely tells of her imagination. She imagines "spooning." No farther liberties with men have taken place save that once the husband of a friend kissed her. With another man she discussed her starvation, but he made no account of it.

She declares she will find the man and get the relief. She would glory in a child even if it were illegitimate; she could have relation only with an attractive man but need not really love him; relief from hourly torment she must have. She is not responsive to the arguments of loss of self respect, divorce, danger of pregnancy and of venereal



disease. (The doctor's notes say, "Gave bromide and advice and hurt her well in examining so that she may associate only dread with the examination. She is also to keep interested in her church work and social activities.")

"When I was first married I said to my husband, 'I feel as if something was going to happen' (in intercourse), but it never did." Six years after marriage at thirty-five she had the first climax, "I tried to see what auto-erotism was and by pressing and rubbing on the clitoris four or five minutes, it was the first climax I ever had. It was an entirely different place and feeling from rubbing for the pruritus. This came about from curiosity mostly. . . . I tried how many times in a day I could do it and it must have been two or three; not over six in a week, now once a week."

A year later vulvar distensibility is 5 cm., insensitive. At intervals she practices self relief every night for a week with revulsion and disgust afterwards. "I never knew women had a climax until I did what I told you." She says, "I tried religion faithfully and I got nothing. I helped others but it didn't help me. . . . Last winter I let myself go in flirtations with three married men, friends of my husband." They began by kissing, then went on handling her breasts and thighs, whereupon she had revulsion of feeling. She never wanted more than this, but they did. In reply to warning, she admits she is losing caste and self respect.

About this time she arranged to separate . . . then he had an illness and they were united awhile, with intercourse two or three times a week. This was without preambles, without affection; he stayed inside only two minutes; he never asked her if she had a climax. . . . The next year he got very down-hearted, did poor work, resigned his position, told her he had been living with a girl and went to pieces. He went to a sanitarium and she arranged to get a divorce.

When he came out, a new man, she went back to live with him; but in three or four months things were as bad as ever. She has ovaritis. Her vulvar skin is atrophic and tender from the pruritus. Intercourse was only three or four times, "always slam bang" without preliminaries, beginning with immediate entrance. She feared hurt; cramped down on her levator and had no sensation but pain and resentment. While he was in the sanitarium she saw a good deal of three young men. One she dislikes, one is a Puritan with whom she amuses herself in trying to warm out of selfishness. The third has "gone the rounds," she delights in exciting him, kissing, pressing and breast touching. When

warned about this she volunteers that every night afterward she rubs the clitoris, and then is disgusted.

She wants advice as to divorce. When she left her husband a woman, whom he had tried to help and who had lacked stability and always failed, supposed that she would be installed. When he refused, this second woman turned against him and told the wife. She wants to know whether if she gets a divorce she can have natural feelings with another husband.

Later she is working outside the home. All the property is in his name, otherwise she would divorce him. He took her securities while she was away and he had women at the apartment. She found him in bed with one in her home. He has locked her out. He takes some whiskey and some morphine. . . . Menopause is completed somewhat early. "I've never yet found out what I'm living for; shall I adopt a child?"

At forty-seven she has trigonitis. The husband "came back" pretty well; he does not drink, works steadily but is cold and tired. He never touches her, never any caress or kiss, does not excite her at all, sleeping in one bed. Urged to arouse her husband, she says she tries but he throws her off, saying, "No decent woman does it."

During her long, hard work to save the family from economic wreck she had no bother or feeling about these things but on a vacation she had intercourse under natural conditions with a young man of fine type. He stayed in her house two different nights; they were naked but while she had very great excitement, there was no climax, "I had to finish myself. Nobody could give me orgasm but myself." She says she feels a different animation altogether when she has sex consciousness.

At fifty the vulva has full distensibility of three fingers and is insensitive but she denies coitus or vaginal auto-erotism or douche. She still has pruritus, which is rare at fifty. Her breasts are firm. She is still working. He is just the same as ever. She volunteers what she has always concealed before, that she has had relationships with several men during marriage.

*Case 67.* This is an account of the sexual failure in coitus of a woman twice married. She was devoted to both husbands, affectionate and congenial, high strung, intense, of fine character. She greatly regretted her lack of passion and was continually anxious to talk about it.

At about twenty-nine she is first seen for pain in the left side, neuralgia



or salpingitis. She has been several years widowed, is active, strong and well, moderately stout with very large breasts. She has never had dysmenorrhea, is regular at intervals of twenty-eight days but never more than three or four napkins.

Her father's family were all intensely sexual; her mother had a horror of it but had a large family. She went to a convent school and this indirectly "set me against all these things. I hate everything in a love story that is sexual, or a dirty story or dirty minded, but I would hate a man who was not passionate." Her mother died when she was adolescent but prepared her for menstruation which began early and at fourteen told her all about coitus. This settled her sex curiosity and made this relation sacred.

From sixteen on she loved flirtation, loved to be kissed and hugged and to excite boys and men; she made the limit leg caresses and a little breast caressing, then would cross her thighs and stop. She knew they were excited but did not feel the pressure of the erect organ or allow hip or abdominal pressures. She was engaged and had broken it off before twenty and after twenty became engaged to the man she married in a year. Her first husband was gradual and painless in early approaches; she never had any shock with him; it was utter happiness on both sides.

She gags at the deep kiss both before and after marriage; this behavior characterized both her married and single life; after marriage the first husband said that she gave other men agony. She tormented her present husband, even while her first was alive, and told her first about it; he replied that she was a devil. As a widow for some years she carried on the same tormenting of men and hardly stopped at fifty. The second husband said, "Any man who banked on your behavior to believe you had passion drew a lemon." Both husbands recognized that she was entirely safe but warned her no man would understand, he would think her loose.

She insisted that she got no genital thrill out of all this. Suction on the breast would disgust her. She had a sister who was very much like her, vivacious, lovely, buxom and honey-sweet, yet frigid and liking to torment men. She hates, she says, anything wet, "I loathe the wetness of his emission and get up at once." Her habitual contraceptive was a douche immediately after coitus. The second husband had had extensive sex experience; he had been married before. At their best times he wanted coitus three or four times a week for ten minutes. When she was sixty-two it was once or twice a week and then a gap of three weeks or so. She never had disgust, "I love to give pleasure to the man I love."

The only child was born when she was no longer young. At forty-one she had anemia and palpitation; later, hemorrhoids; her breasts showed extreme hypertrophy, the left weighing five and the right weighing four pounds; cervix cystic. At the disturbances of menopause, ovarian extract helped very much. A year later she had some feeling, not much, upon a happy outdoor life; much better in nerves, and as a consequence she suddenly developed feeling. At forty-eight climax is once in ten days, all external; later she says, "Never real orgasm more than once. It was strong but very brief." . . . After fifty morbid and hysterical, a long period of bronchitis. . . . Later, breasts very relaxed, no edges, no chronic mastitis. . . . She has had no feeling since fifty-seven. . . . At sixty-one introitus is three fingers two joints and no sensitiveness, yet she says there has been no coitus at all for two years. She has the same old demonstrativeness and the clitoris grows purple and erectile at examination. She asks if the insensitiveness of her skin and teeth is part of her lack of passion; her dentist says he can go further with her than anyone else. She had most feeling around menopause; she never originated it but liked him greatly once a week. . . . Vagina at sixty-two is smooth, posterior four and a half and anterior two and a half inches; levator contracts to order.

Here is a habit of frequent excitement freely indulged in but so checked at a certain point that she never was able to pass that point after marriage.

*Note:* There is another history that almost exactly matches the one just cited, including breasts, and behavior and very late arousing. (*Case 769, p. 385*).



## CHAPTER VIII

### PASSION

*THIRTY women, very reserved and self-possessed in appearance and in general calibre seeming quite like the frigid, when observed for passion, indicate that a sexual motive with more than the average power determines their existence: more auto-erotic and heterosexual experience, more pregnancy and more sinking into the erotic side of life. Case histories include thwarted passion and by various forms of adjustment, a highly colored life within marriage.*

**I**N A CURVE of adjustment in marriage which puts the bulk of the evidence in the temperate zone, a hundred items stretch out to frigidity and only thirty to passion.

This is of course not true and must be taken speculatively. By taking frigidity as an ailment in the sense usual in medical studies, and by adding together the doctor's diagnoses, a crude figure about the freezing point is obtainable. But at the other end a figure can hardly be established.

By including the eighty-two couples who report daily coitus it would have been possible to increase the number of cases to one hundred twelve and by adding the number of wives who profess highly satisfactory sexual relationships to as many more. These alternatives are rejected as requiring too much statistical weighting. Of couples having daily coitus, only those in which the wife has a positive and reciprocal part could be included and in the others, facility in speech may convey too much.

Passion is explicable within bounds similar to those which define a musician. There is for example, perfect ear, absolute pitch, and a maximum range. Playing is by ear or by note; upon one or many instruments; a voice tests well over the microphone; sings alone, in duet, in trio, in chorus; knows blues and classics, opera and lullaby. But does it take as much as this to be a musician? It does not. And this is the case of the passionate woman.

In the selection of thirty women designated as passionate, some are merely the imaginative wives of unpassionate husbands; that is, they are passionate through maladjustment in marriage. The others have, so they say and so they sometimes act, some superlative endowment of passion although they are satisfactorily adjusted in marriage. In the first group, there are twenty-three, who so far as is known had intercourse only with the husband. The second group of seven women had had sexual relations with more than one man.

In this observation, the latter is the group emphasized. This is for reasons of exposition. Passion is the critical stuff of which the fabric of marriage is made.

Every marriage has its arteries of passion. When observations on these conspicuous cases become intelligible, other and remote cases will also become easy to read. Every case enumerated here is an explanation of some other case, and should be examined knowing that it predicts the future, illumines the past, shows causes or presents alternatives.

#### GENERAL CHARACTERISTICS

Separation into two groups has to do only with sexual quality; in other particulars there is no discernible difference. These women are comparable to those of other groups in social status, health and general qualities of personality. It looks as if they inclined toward bearing larger families than the average but the cases concerned are too few to be determinative. All the marriages are still happy except one and that was happy in the early years.

Only one of these patients is very wealthy; nine are the wives of professional men, four physicians, two lawyers, one architect; one minister, one executive; five are married to business men, three others to a clerk, a laborer and a man of skilled trade. Before marriage, two wives were teachers, one a nurse, one a society girl; four were musical up to the point of doing something with it professionally; two were domestics and one each was a dressmaker, manicurist, and cigarette wrapper. Except for six wives and two husbands, it is thought that the sixty concerned are the native American stock, all of urban or suburban residence.



These patients evidently impressed the doctor as of high general endowment. With the exception of two, they are interesting, stable, intelligent. Notes about their sexual curiosity add "but also great mental curiosity." They are extremely self-controlled, their behavior entirely guarded with no surface indications of passion. All were quietly dressed, with no emotionalism in religion or other outlets, no alcohol, no drugs. The simpler girls nearer the working class were excellent types. The entries about appearance, dress, behavior, character and mentality made during the period of observation confirm the impression of the conservative matron, intelligent, responsible, somewhat insistent about moral issues.

The average woman was twenty-one at marriage and twenty-eight at the time of her first visit to the gynecologist. She was observed as a patient for five to ten years in the average case; eight were known less than one year and six for more than twenty, including four for over thirty years.

As to general health and balance the two exceptions noted as of poor native endowment are an Irish girl who deteriorated in the late forties and a woman who approached serious constitutional unbalance in middle life. Otherwise there is no evidence of a pathological nature except one insane father, and one drinking mother. Thirteen were known to have good health, six more were presumed to have it. Ten had such signs of being below par as nervousness and anemia. None has any anatomical defect. Three instances of gonorrhea, one patient also having syphilis, occurred in women of native good health and were apparently not taken hard mentally, whatever the physical result. Two husbands were in poor health in middle life following an operation for gall bladder, but otherwise there are no data of ill health in the husband.

Pelvic inflammations first brought eleven women to the doctor, childbirth brought eight, five came for menstruation and fibroids, two each for general trouble suspected as of pelvic origin, and for gonorrhea and marital problems. Two-thirds of the thirty sooner or later had operations. There were eleven operations on the uterus—four of total hysterectomy, seven cases of

oophorectomy, four of appendectomy, two of removal of the tubes, six of perineal repairs. There are records of some trouble with menstruation, chiefly dysmenorrhea, in nineteen cases, of no trouble in six and no data from five. Menses began at about fourteen in the fifteen known cases and two of these had menopause at thirty-two and thirty-four.

The data about fertility are that twenty-three women had seventy-five pregnancies, one was a bride of three months, five were sterile and the facts of the remaining case were unknown.

TABLE XII  
FERTILITY RECORD OF 30 WOMEN GROUPED AS PASSIONATE

Number of Pregnancies	Women	Pregnancies Reported		
		Total	Ending in	
			Abortion	Live Birth
Total.....	30	75	33	42
None (sterile).....	5	0	0	0
None (bride and unknown).....	2	0	0	0
One or more.....	23	75	33	42
One.....	8	8	4	4
Two.....	5	10	4	6
Three.....	1	3	1	2
Four.....	4	16	5	11
Six.....	2	12	7	5
Eight.....	2	16	10	6
Ten.....	1	10	2	8

The division of this total is that eight women had one pregnancy, five had two, one had three, four had four, two had six, two had eight and one had ten. Sixty-three of these pregnancies had occurred in women who were forty years of age or over, ten in mothers under forty and two at unknown ages. The record by living children (about dead children there is no information) and abortion is shown in Table XII.

In terms of living offspring seven mothers had one, four had two, five had three, one had four and one had eight children. Of all wives at any time sterile, four were permanently sterile and



four more had borne no children though they had had abortions. Sterility lasted one and a half, three, four, five, six and ten years respectively. Five women are known to use contraceptives and five more do not use them; twenty give no data.

#### SEXUALITY

The vagina several times provides objective data which corroborate the patient's narrative. The records say in one case "huge vagina without any rugae, 8 cm. anterior and 12.5 cm. posterior reach, introitus could be stretched to a diameter of 42.5 mm.; coitus is nightly."

In another—"After eleven years of marriage, excessive conjugal venery. The vulva has the most worn possible entry, introitus 37.5 mm., strong levator; vagina stretches to 15 cm. posterior and 7.5 anterior reach; the habitual posture in coitus is with the woman's thighs flexed onto abdomen, but rear entry is used infrequently." In a third instance,—“Coitus is very vigorous for fifteen minutes semi-weekly; extremely relaxed upper vagina—dimensions 13 cm. posterior and 6.5 cm. anterior reach, introitus 40 mm.; no tear in delivery.” In a fourth case,—“The vagina is smooth and vast in huge soft folds, glassy surface, 14 cm. posterior and 8 cm. anterior reach, introitus 47 mm.—Coitus is every few days for as long as an hour, all positions.” In a fifth case—“The vagina is in posterior reach five inches clear to the bone—12.5 cm.—and 7 cm. anterior; introitus 47 mm. in diameter at thirty-four, 55 mm. at thirty-five and 47.5 mm. at thirty-six. Dorsal posture with pillow under buttocks is preferred and his possibility is twenty to thirty vigorous thrusts, with two erections in a two hour period several times a week.”

\* Of other objective evidence, it is important that feeling survives in a degree diminished, but greatly beyond the average, in two patients with double ovariectomy and two who had menopause before thirty-five.

All have had and do have excitement in marriage. Three women had coitus with the husband before marriage, and two of these were pregnant when married; three others had coitus with other men than the husband and three more had homosexual

experience before marriage; seven have been unfaithful in marriage; six more have stayed faithful as a matter of principle, though desiring more sexual expression than they have had. Three women had been married twice, but the accounts here are usually confined to one marriage. Three husbands are known to have been unfaithful.

COITUS. The data about coitus are that two husbands are impotent, one has weak erection and for health reasons is permitted infrequent coitus so that three couples have infrequent and limited relations; five give no particulars about this; of the remaining twenty-two, seventeen have coitus daily or oftener and the other five have it from one to three times a week. Length of intromission is known in eleven cases:—three minutes in three, five to ten minutes in three and fifteen minutes or more in five.

Particulars of interest about the sexual relationships of various couples are such as these:<sup>1</sup>

A husband reverts to his prowess as a young man and says the wife may have lovers if she wishes, since he "may want a younger woman sometime. . . . "Have you," said he, "had to have a buddy while I was away? I have been with someone else twice, but thinking of you and when I come back to you I guess there is no young girl more strongly satisfying and passionate". . . . She deliberately tried to wake him up because "I'm much more passionate than he is. He got stronger then so he could reach deep and he got so he wanted it nearly as much as I did." . . . She takes great care about lights, drapery and lovely nightdresses, and he always responds to her rousing which is twice as often as his, with four or five climaxes to his one. Her husband does not know she had menopause at thirty-two, only that the uterus is contracted and no period occurs. "I flirt with my husband and am keeping myself young with exercise, diet and rest." . . .

<sup>1</sup> Beginning at this point and in subsequent chapters, scraps of recorded talk or reports from many patients are brought together to express mood or to present cumulative evidence. All conversation is with the doctor, and any parenthetical comments are his. Separate cases are marked off by dots, so that the sentence following a row of dots is always about a new patient. Literally, the paragraphs would read: "Number One says ———." . . . "Number Two says ——— . . ." etc.



At sixty, one patient's uterus might be that of a woman of thirty. She says she has as strong feeling now as at that age, when she was very passionate. "I'm better if anything—this may keep us young." . . . Coitus is seven or eight times a day. Anal coitus is denied but the anus is dilatable, under ether it stood wide open. . . . "I bled a basinful the first night of marriage but what of it? I do everything intensely, I'm very lively, I come three or four times to his one." . . . She has powerful feeling—coitus is nightly, rough and prolonged with climax. . . . "We have not used contraceptives, always wanted children; he says I am more strongly sexed than he is."

There are no records of fear, shock, inhibitions and hyperaesthesia, except that one woman is afraid of pregnancy, but this cannot be compared with the records of frigid patients who were shocked two times out of every three. It means only that in records so generally affirmative, the doctor never got around to asking about the negative.

**AUTO-EROTISM.** In these cases sexual experience is more explicitly avowed than in the average. Twenty women admit auto-erotism, six more have signs of it recorded, three have no data on this; so that only one has no entry on this point. One patient says that she uses the crossed thigh method, three use the vaginal, four the urethral, and fifteen the vulvar.

At thirty-nine, after six pregnancies and three living children, a patient says that she has masturbated since the appearance of menses. Her meatus admits the finger tip and she says she rubs the inside of the urethra because it is the seat of the greatest feeling—for "five minutes, five or six times a day." She becomes so easily pregnant that her husband does not have intercourse with her for some time after the period and "I am crazy then and have to relieve myself."

The most extreme instance in the series is a patient married to an impotent man. She has a long history of auto-erotism as well as of coitus. At forty-four, after twenty years' personal observation and an hysterio-oophorectomy with only temporary benefit she says: "I am so that if the world was on fire I would go on and do it." Masturbation has been vulvar, vaginal,

cervical, urethral and mammary—and ranges from two to six times a day. The beginning was vulvar; the end was urethral and there was always imaginative content. With her auto-erotism began at twelve; homosexuality at sixteen; heterosexuality at seventeen; marriage at twenty-one; adultery at twenty-two;—"never longer than six weeks without relief." In youth, she was greatly troubled by lascivious dreams. "I dream all night, dreams of father and brother having intercourse," but after twenty-seven, this was replaced by getting other people interested in conquering her tendencies. The doctor, the priest and the nun all tried to help. "I told the Sister in the House of the Good Shepherd and she said, 'Lash yourself.' I tell the priest, he gives me the beads fifteen times for a penance. When I ask him what he does for his own passion he says prayer is the only thing and shuts the slide." The husband was "a 'hermorphodite,' never could have connection, he just excited me." Another man, sixty years old, "never could get inside." The history says that in everything except sexuality she is the typical honest, hard-working, self-respecting, quiet-mannered domestic, whose talk, appearance and behavior give no clue to her torment and desires.

It will be noted how rare the diagnosis of nymphomania is; in forty-five years of gynecological practice, three cases.

**BISEXUALITY.** Among the thirty, interest in the same sex is admitted briefly in the case just cited: "for three months at sixteen;" and in three others. One is a very well-to-do woman who gives no particulars. The two others are a young girl working as housekeeper, and her friend who was in a factory. Both were patients at the same time and their statements of their sexual association from three times a week to nightly, for five years; were checked verbally and by the extreme vulvar distensibility in both cases. After the first was married, their intimacy continued somewhat, and after she died, in her ninth pregnancy, her friend married the widower and brought up the eight children. At sixty-two she was still functioning as stepmother and keeping a home for some of the children. Both were genial, hard working, quiet and trustworthy.



## FRUSTRATION

While it is true that some of these patients are passionate in a way which could perhaps be traced to a functional cause, others are passionate merely as an interlude and others are passionate as reaction to frustration in normal relationships.

Ten in particular tell stories of wives more passionate than their husbands. The conduct of the wife in these cases presumably bears some likeness to the feeling and behavior of the husband of the frigid wife, and is the nearest available reversal of that situation. The husbands were relatively indifferent about coitus. They were the silent, undemonstrative type, absorbed in work, low in sexuality. One was always impotent, two had instant emission, one was able to go without coitus a year; several were habitually remote; one through fear of pregnancy avoided intercourse at the time it was important to the wife. In five cases the sexual approaches were habitually made by the wife and in three the custom is for the wife to take the dominant (top) posture during intercourse.

Under these conditions, it is impossible to tell what the wife would find really satisfactory. Everyone had practiced autoeroticism at least in the teens and most of them kept on at intervals after they were married. Her estimates of coitus as "two or three a night," "nightly," "four or five meetings to his one" are longings based on deprivation.

The wife, it is noticed sometimes wants more children—but there is no record that the husband does. One mother wanted more, but they were poor. Another wanted a second but the husband did not. Two others "always wanted children." One husband never produced the sample of semen requested in the study of the couple's sterility.

One of these husbands smokes incessantly, one takes drugs and two drink to excess. The wives have no intemperate habits so far as known except that one woman drinks coffee excessively, "as a man would take liquor." Three of them, however, have physical signs of repression. One has a reflex throat trouble—globus hystericus. The husband is "thin as a rail, worried,

losing money, very jealous; he has instant emission leaving her keyed to awful excitement, always more passionate than he, but he wants to keep me innocent." She says nothing but practices auto-erotism.

Another has neurasthenia with suicidal tendencies, wants to kill herself by drowning or shooting. The husband is unwilling to have children, she is "crazy for a baby" and suffers terribly from his staying away from her. Coitus is from once a month to one in three months, with withdrawal.

The third woman has gone "from one nervous breakdown to another"—they have had no coitus for a year. He does not want more children, is brusque, ridicules all sentiment. "I am invited out by wealthy people, fine dinner, champagne, automobiles, opera, supper, automobile home; it excites me, tempts me terribly. I could be carried away if I let myself. Opera drives me crazy with desire, then I come home to a husband who says I am gross." After a while this ended. "I am frightened to find that I am cold to him." She has fierce waves of feeling from moonlight or music, but none for him or other men.

A fourth wife says that she has been very passionate in both marriages. The first husband "not more than once a week, and go off like that, never could depend on him," the second was sexually active for a few months but afterward became indifferent. She asks him to "make me a little visit" and thinks she could "take him every night."

Studied in detail these cases have many concomitants observed elsewhere, as deterrents to successful marriage and sex experience. For example, the patient is delicate, has dysmenorrhea, has had amenorrhea, or has had menopause. Menses came without preparation, there was rape before marriage, abortion in engagement, pain on the bridal night, dyspareunia. There have been operations, abortions, social disease and fear of social disease. The husband drank, was unfaithful, reproached the wife as too passionate. Three cases had marked religious restraints. Two couples habitually used coitus interruptus as a contraceptive and ordinarily this deprives the wife of the climax. These are the complaints associated with frigidity. Women claim to be



shocked for life and kept from coitus and orgasm by just such psychic and physical factors. Here we deal with women able to assimilate such factors in experience and still be passionate. Every woman wanted more coitus and more children than she had.

They are remarkable chiefly for maladjustment and dreams. In so far as we can find no difference in their health, the fibre of their accomplishment, or their sexual experience, the cause must be partly the husband, partly the psychic response to the whole situation.

#### AFFIRMATION

These are the women who say yes under all circumstances.

The seven thus distinctive in sexual endowment are broadly different from the others in their sexual relationships. They are supposed to have had intercourse with a total of 153 men. This distribution can not be averaged, as one woman had what she calls "a hundred lovers," another thirty besides her husband; one had ten including her husband, one had four, two had three, and one had two. All but one had been concerned in adultery. The exception had coitus in widowhood but her principles did not permit extra-marital relations during the lifetime of her husband.

The data make it very clear that these women are not prostitutes, nor have any of them ever been. The woman who had a hundred lovers had a delightful social milieu and the husband had an equal liberty. The woman who had thirty lovers had most of them before marriage. She told the husband when he proposed that she feared she could not stay true to him. He replied, "If I can not hold you, you are welcome to go on the outside." The husband employed detectives on the trail of the woman who had nine extra-marital men and she took the attitude that she was helpless in the grip of a physical power, but offered to have her ovaries out to end it. The other cases are less remarkable for their numbers of sexual affairs than for their expressions of sexual desire.

Financially, they represent wealth, the well-to-do, the professional class, the middle class and the poor; religiously they are both Catholic and Protestant; educationally, they represent the

high school level, the common school and the technical level beyond the high school; vocationally, the husbands represented the professions, business, clerical work and skilled trades.

For themselves, these women were what would be called an old fashioned type. They were interested in personal service and the arts. None of them worked for money after marriage. They maintained a home and appeared in every way socially adjusted to life. Only one had over two children; five had submitted to oophorectomy, three intending it as a measure of sexual control and the others for medical cause. With the exception of the impotent man, the husbands concerned could keep an erection from half an hour to an hour, and coitus was frequent and for long intervals.

In the case histories which follow, two are of the wife passionate within the bounds of marriage, several are of highly geared fairly well adjusted women and the last is the one cited as mentally instable, with nymphomania. She is important not only because "the best of us are one clay with lunatics" but because the evolution of her deterioration is so full of instructive resistance. Everything excites her sexually—books, pictures, plays, women, men—with one important qualification—"Only dark men excite." What this suggestion about men may mean and to what extent desire for primary sexual expression was conquered by taking refuge in illness, we have no knowledge.

No patient told of any actual distress of conscience but it is notable that the stories fade out as the years go by. They do not remember what they said before and their accounts shrink in both quantity and quality. Fifty denies twenty and sixty denies thirty. After sixty, the thousand histories do not contain any long and introspective histories of sex experience.

*Case 653.* A big stout woman, high color, over thirty, comes for sterility after many years marriage.

She menstruated early, regularly, never dysmenorrhea, has good health, has taken no precautions except withdrawal in early marriage for eight months. She is erotic at examination and has orgasm during air test of the tubes.

\* She wants advice as to what she should do about her husband. Her



father at fifty-seven, with many children, has intercourse twice a night, could have it four times a night; he tries to impress his sons-in-law with the need of attention to their wives. Until a year or so ago, the patient and her husband had coitus every night. Lately it has been only two or three times a week. He thinks it is bad for him except briefly and infrequently. "He would let me alone a year. I want it two or three times every night."

He never plays or exercises, incessant business. She makes the approach and he responds quickly, total play not over five minutes. He likes it best with her above, cannot hold back. After some years she heard about kissing breasts and nipples and told him. He never would do any variants, would scorn kissing her "down there which women talk about. He ought to be glad to have a passionate woman. I'm true to him, but he don't make it easy."

*Case 111 B.* The following is the medical history of a woman who claims "one hundred lovers," most of them during marriage. The agreement of husband and wife was that each could have entire sexual freedom. She is American, wife of an able intellectual of excellent social standing. She does no work for money but works well at an avocation, has rendered important community service, is serene and untroubled.

The patient was first seen when twenty-six years old for vulvitis, endometritis, salpingitis, and anemia. Twenty-eight, well; twenty-nine, irritable bladder, leucorrhea. At thirty good health. At thirty-two she asks why she has no children. She has pelvic adhesions, old peritonitis; salpingitis . . . cystitis; pyelitis. There had been one abortion, possibly another.

At forty-two irritable bladder, urethritis, mild trigonitis; polyp; . . . At time for menopause cervicitis, metrorrhagia, treated with radium.

At a few years past sixty she is in fair health; she and her husband get on well. Both smoke and drink moderately, both are studious, humorous, forceful personalities with dignity and reserve of manner, expressing frank admiration and affection for each other.

*Case 28.* At twenty-one, a delicate, slender bride of three months, comes for cervicitis in its worst stage. She is of quiet manner and modest demeanor, of a thin neurotic family. Her mother drank; there is no other known family weakness.

From six to the time when menstruation began she suffered frequently from itching and relieved it by manual friction. At fifteen to eighteen

she was always conscious of her genitals when awake. She did not know what the excitement meant, never talked it over with anyone, even though roused to fierce tremor and powerful genital sensation by the touch of a man's hand. She says an unscrupulous man could have swept her off her feet. As it was, she did not know what intercourse meant, had never seen animals copulate, was not excited from sleeping with any girl.

From eighteen until twenty-two, she squeezed her crossed thighs together several times a week, never more than once a day. No images or dreams or local feeling came at night, but in the company of boys or men she had "it" oftener. The strongest feeling, daily and constant, was in engagement. Hugging and sitting on his lap were the worst excitants, she became a nervous wreck.

At marriage both were shy, and sex relations have not been satisfactory as her husband has very little desire. He did not know how to approach her or how to move, could not have coitus more than twice a week without being used up. They avoided nakedness. He discouraged her approaches and interest, said it would take three men to satisfy her. Her orgasms were intense to faintness, in ten minutes she was ready again, wanted coitus nightly. For ten days after each period, they refrained from coitus for fear of pregnancy, though she was suffering torment. "When he would finish before me, and I had to jump up to take a douche when my feeling was most intense, I felt I could kill him." There were always signs of auto-erotism and the practice was always somewhat continued. When most desirous, she has severe uterine cramps, relieved by two meetings in intercourse or three to five sequent reliefs by manualization.

Her first pregnancy ended in an abortion; the first baby came soon after and there were three more children. She was in her best physical condition when pregnant and would have liked more children. She worked hard over them, was active in church and charity, drove herself to the point of exhausting her strength.

This condition of desire lasted until she was over thirty. There was never any indication of it in her behavior, and none physically except the purple cervix. At thirty-five, it all ended; coitus was twice a week and with this she was satisfied. At menopause there was a trachelorrhaphy and pile operation. She was observed without event until her fifty-fifth year.

*Case 100.* A stately slow-moving woman, with singer's chest, big breasts and abdomen, relaxed muscles, and a tendency to obesity,



was seen from thirty-six to fifty-nine, first coming for pregnancy in her second marriage. In manner and dress she is reserved and dignified, self controlled to the point of reticence. She has been interested in art and sports over a long period; fair means; her friends have been artistic people, her residence suburban and metropolitan.

Auto-erotic evidence is found at the first examination; she talks of sex with reluctance. In experience has passed from "weeks" or "years" of painful coitus in her first marriage to very frequent self-relief and near nymphomania between thirty-five and forty-five.

Her mother died in her girlhood. She menstruated without pain at thirteen or fourteen. First she said she masturbated as a girl, but later that she learned it from a friend after widowhood. Very young, innocent and ignorant, she married a business man twice her age. She had observed the behavior of a somewhat loose-living crowd but was without specific sex instruction. She had "splendid health;" he had several diseases, and she was a widow in a very few years.

Their sexual life began on the first night in the stateroom of a Pullman. Intercourse lasted about five minutes and at first took place from three to five times in twenty-four hours. She had bleeding and pain and the pain lasted for some weeks. He was obsessed about her, fired even from looking at her in the daytime. He hurt her without satisfying; it was two years before she was thoroughly responsive, then she could match him nearly every day, but never to a climax which she did not know about. She now thinks that after a year or two he had other women for variety. She took no precautions against pregnancy; she had three miscarriages, the first spontaneous at two and a half months two induced at four months.

During the years of widowhood, she lived upon her own income. She studied, went around with a rich set but had no sexual desires for two years. After that, she used masturbation a great deal with satisfaction. She was repelled by the advances of a woman friend with whom she lived for a time, expressing disgust at cunnilingus. She had relations with several men, at the most four times with any one man, using a douche as contraceptive. Intercourse easily went into revulsion from fastidiousness, conscience, and fear of discovery.

She was married to a second business man, a hearty, outspoken, good fellow type, and has since kept from other men, though she tells her husband he may go with other women when she is pregnant or ill.

Coitus has varied from daily to weekly, is frequently every night. The husband could wait within for half an hour with erection, while she

had several shorter rhythms of orgasm. Even with nightly coitus she has erotic dreams every night; dreams of intercourse bring a complete climax. Her chief erotic stimulus is music, especially baritone and bass singing. In an evening at the opera while sitting quietly, she might have half a dozen climaxes by crossing the thighs. Plays and certain discussions such as one about unmarried mothers, have the same effect. Bicycle riding brought an orgasm and she stopped it. Horseback riding excites her but not to this point. Nursing caused strong erotic feeling so she weaned the baby. Otherwise, her big breasts are no source of excitement. Men and dancing do not arouse her at all. Any erotic novel does. Feeling is killed by vigorous exercise and great tire. Cold douche and cold to the spine are no use.

After coitus she is accustomed to self-relief, preferring to rub the mons on the floor as less tiring than finger pressure. She could masturbate five times in sequence. There is some feeling inside but sensation is acute in the clitoris and pressure must be there. Except in sleep, she has no climax without pressure. This need reaches its height during pregnancy. Feeling is then continuous, thoughts about sexual indulgence constant, restraint from acts with any man who would acquiesce, an effort. In the spring, at thirty-seven, she would gladly have coitus three times a day, fears that she may go out of her mind.

During the second marriage, the contraceptive was that vagina was washed out by cotton at once. The first pregnancy began after two all-night experiences when she was too exhausted to take care of herself.

Now after two years she comes for sterility. He is stout, but the tests show, potent; she weighs too much, can retain the semen all night. The second child was larger than the first and the mother was no longer young. Before that there was a fourth miscarriage.

Near menopause, she has prolapse of uterus and bladder. She says the womb has always been low; now all of the bladder and half of the uterus protrude; she wears tight corsets, has relaxed abdomen and pelvic floor; extreme relaxation of outlet; good bulk of pelvic floor, good levator in action. An operation—vaginal hysterectomy and elaborate plastics—extensive anterior colporrhaphy and perineorrhaphy is difficult because of extreme vascularity. She did not wish the ovaries removed, fearing husband would regard her as crippled. She brings a book about fifty-nine ways of having coitus, saying that she has tried most of them; finds lying above irresistible; her clitoris is "heaven." But she would never refer to this book again.

She had some recurrent rectocele later. The clitoris is pronounced,



in size; labia shrinking; the bladder was lifted and the posterior vaginal wall sutured high (rectopexy).

At fifty-eight, examined ever so briefly, she covers face with elbow and strongly restrains herself. Her manner on the table and the appearance of the vulva convey no erotic indication; there is no wet vulva; no jump of levator. The clitoris is larger, increased from 4 to 5 to 7 mm. in diameter in ten years. The prepuce is wrinkled, labia minora dark, congestion and thickness only moderate, pelvic floor admits the whole hand. Evidences of aggravated vulvar and vaginal friction persist. She crosses her legs in talking about her auto-erotism.

When her husband's business took him to the Orient for a year, she lives alone with servants, children at school; goes about in a car; thinks sexual feeling abnormal at her age. She confirms responsiveness to erotic stimuli and has a cycle of auto-erotism two or three times a week. She drinks many cocktails, one or two arouse her sexually; has gorgeous dreams; she denies intercourse; no very persistent erethism. Feeling is inside somewhat but mainly outside; man and nakedness have always been vastly better than self relief. She has had no nervous disturbance from her auto-erotism. But she denies intercourse.

The doctor has reckoned her age from that given him at the first visit, but notes that she now says she is younger than that. Her initial statement was that during her first marriage there were three miscarriages, one induced—and that her husband had certain diseases. Ten years later she said that she had one miscarriage induced during the first marriage and that her husband had a different disease.

A fine type of woman in whom no one would suspect the story, and who has restrained herself remarkably.

*Case 15.* A girl of seventeen comes for increasing dysmenorrhea with antelexion. Her hymen opening is tiny.

She is active, ambitious, a hard worker at school; with fine, frank manner. She has been carefully brought up by leading literary people, under religious training; has few girl friends, never read sex stories or had any sex knowledge. She does not know she is an adopted daughter. Her own father was the son of a captain of industry who seduced a country girl of fine stock. She has the compound inheritance of clever rake and thrifty hard worker.

Later she is seen, in emergency, for the after-care of an induced abortion effectively hidden; menstruation is more regular and without pain, signs of auto-erotism. Her story about the beginning of this is

that when on a bicycle trip, she was made unconscious by drugged whiskey, and was seduced. After this "never missed a week" in having intercourse from her seventeenth year except at two times of illness. The abortion followed coitus with the second man, an actor. The motive for sexual experiment with various men, usually artists and intelligentsia, always fully undressed, at hotels, was "intense curiosity as to how men did it." She was not excited by dancing or arm around waist, never allowed kissing or fondling her breasts. Her feeling was all local, fairly strong, but never orgasm, never fear of pregnancy or venereal disease.

Three years afterward she fell deep in love. Then the normal preamble and contacts produced not only enormous increase in feeling but complete orgasm. She can have orgasm four times to one of his in twenty minutes, and become nearly unconscious. Once in a hotel she spent five days with this man in almost incessant erotic play, averaging a dozen conclusions in twenty-four hours. At the end of this time, she had lost twelve pounds, and he was ill a week. She denies auto-erotism, erotic dreams, interest in erotic books, plays or pictures.

She married her husband for spite, after a quarrel with her lover. The full premarital story is not told until she has been married two years and comes for sterility. She has retroversion for which she wears a pessary and post-menstrual hematoma of the left ovary. She is in excellent health and has no pelvic symptoms, no history or evidence of venereal disease, though she has had intercourse with "twenty-nine men—or at any rate much over twenty. Talking them over with — (her husband) I lost track, we got laughing so about my adventures." He had had extensive experience with women—says he never saw anyone with so powerful a climax—"It is the muscles in the vagina. Any less strong girl would be a rag all next day."

At twenty-four, abstinence from coitus causes, in about a week, severe frontal headache and great irritability. Their favorite posture is dorsal or diagonally across; the wife above is not favored; cunnilingus or fellatio are rare—the former makes him unconscious, as he has been at times from orgasm. She says men differ greatly in staying power, some two or three minutes, some ten or fifteen. Her husband is "very large," can wait with full erection any time, half hour or an hour, half an hour usual. There are no preliminaries and variety is less than at first. He could have intercourse nightly and sometimes does—they have had five or six connections in one night.

The first child was born before thirty. During pregnancy she was in



almost hourly erotic readiness but never allowed herself the climax through fear of hurting the child, "because of all the women I have ever known, I am harder to reach the climax—it tears me to pieces—it is ten minutes or more, I have no control, may yell, don't know what I am saying." "Till I was married, perhaps I never reached a climax. Other men do not intrude, I am satisfied, my husband is most satisfactory." Delivery was without forceps or anaesthetic, nine-hour labor, not extremely painful. While nursing she had no erotic feelings, had some vaginismus and fear.

Four abortions took place in four years and an ectopic pregnancy after thirty. In this year she would like to experiment sexually, telling her husband. They took no precautions till they had had six abortions and three children, then used a pessary for five years, then stopped to have another child.

After forty she is very well, happy, she and her husband are devoted. Their present habits are coitus once a week for half an hour, as strong as ever. (She now speaks as if there were only two men with whom she had intercourse before marriage.) Alcohol gives her the strongest feeling.

At forty-three, she has forgotten the entire pre-marital narrative. She has been having intercourse with another man; dressed in her parlor, he had three climaxes in an hour and a half, she averaging four to his one. She is instantly wild at his most casual touch, has never reached her limit. This same man is also having coitus with her cousin.

Menopause is in process before fifty, she is still attractive, vigorous and in good health. Her children are a credit to her. There has never been in her behavior or manner or conduct at examination anything to suggest her story.

*Case 711a.* An American born girl, foreign parentage, was first seen single, twenty-three years old for colitis and dysmenorrhea. She is a high school graduate, bright, alert, poor, quiet, reserved, good taste; short, well-nourished, fairly comely; a quiet little middle-class girl who developed into a *grande amoureuse* of one man. The family has character.

She has antelexion, cervicitis and large thyroid; dysmenorrhea, she faints with the pain. The average interval of the period is twenty-eight days, duration three days, three napkins soaked through daily. Menses began late; she was shocked, no notice beforehand. She has always had fair health.

Engaged, her first feeling was sitting in his lap two or three evenings a week for three years at her home, or where they boarded together, in her private sitting room. The fiancé was a quiet chap of fine character, faithful. Erotic excitement four to six nights a week during engagement made him thin. There was a slow increase of liberty; she felt his erection, then pubes together, no climax, exhaustion, no fondling of genitals. After four years they learned the deep kiss, exceedingly exciting. She feels alarm at finding that other men excite her in dining and company. He reached his climax, then quit; he was aware of her passion, but pretense of ignorance of the other's feelings was kept up by both partners. Before marriage, the labia majora were thick, many glands, fine corrugations—16 mm. in length on right, 23 left, before marriage; enlargement after marriage; meatus to clitoris is 14 mm. Bladder voids hourly.

Auto-erotism really began in engagement at the period when sitting on lap of fiancé; progress slow. Dancing with fiancé excites much, then dancing with others, also novels and the theatre. There was not a bit of feeling until engaged; after a four-year engagement, she had no waking moment without genital consciousness. Orgasm was three times in succession, daily or oftener if not controlled. Her feeling is as strong as his, very vigorous, not exhausting. There are no dreams, much wonder; she lies awake thinking of coitus. Method is digital, labial, not with thighs; formerly it was on labia minora. The treatment was a cold spinal douche, and the doctor made her stop their engagement visits for a long time.

After several years she became indifferent and imagined mental coitus with another man who was not at fault. She became worried, planned to break the engagement. Then the discovery of handling each other brought all back. Finally the doctor's urgency succeeded in getting them married. At once she has dyspareunia, grief over her lack of vaginal feeling and even repulsion.

At first, they had three or four entries a night, but she reached climax only twice a week; she required ten minutes vulvar friction by him. After his digital touch inside the vagina enabled her to transfer there the feeling in the clitoris which she had become accustomed to during the erotic play of engagement, she got vaginal orgasm. His emission then was on entry owing to fifteen minutes preliminary play which brought him too near a finish. Whereupon a suppository was placed before play, and as soon as he could hold erection fifteen minutes, she had one to three orgasms. He sleeps with phallus inside the



vagina. Their extreme is six to seven attempts in an hour and then she is not satisfied. By deciding to have only one orgasm in an hour but to let it be stronger, both found it more satisfactory.

For the first week, they had from one to three hours sleep a night, the eighth night they slept, worn out. No pruderies hampered from the first. In three months she is very happy, gain in weight. In four or five months she is losing weight, done up from four or five hours of erotic play every day—from four to six o'clock in the afternoon, ten to one at night; she has four climaxes at night, is conscious of genitals all day.

In the second year of marriage ovaries a little microcystic; small fibroids. She has two climaxes from weekly to every second night but this means erotic play without climax, three to six hours a day, which is using both up. Later, trigonitis.

Several years after marriage she apparently had brief intercourse with two other men, but told no particulars. The chief means of controlling conception was probably this incessant coitus but she became readily pregnant, when desired. The sheath was used but objected to by him. A douche was used three years following suppositories of quinine and acid which dissolved in fifteen minutes.

After five years of marriage, there is no change in color of organs. Prepuce is long, a little corrugated, 8 mm. high, 7 mm. wide; clitoris 3.5 x 3.5 mm. Meatus remains a slit. The distance from it to the clitoris is now 18 mm.

The earlier method of auto-erotism was a long stroke of the clitoris the length of the front of the pubic bone; finger never entered hymen; in vagina, no sensation; but the least touch on clitoris caused spasm. After marriage when she is erotic, there is congestion in spots inside majora, hymen, fourchette and upper perineum. Mucus stands out from Bartholin's glands. Five years after marriage the doctor did not know till she told him that orgasms had occurred during his examination—this not suspected because he observed no levator action, no mucus sucked in when he treated her cervix. She insists that the doctor's finger in vagina gives not the least sensation, but any touch of clitoris or prepuce is dangerous. Levator contracts on request but without excitement. The vulva gapes relaxed, anterior vaginal wall has fine rugae, vault smooth, the majora have very big glands.

After some years of marriage, the first labor, moderately easy; in hymen one stitch, right labium minor three stitches. Coitus was continued in pregnancy. As to erotic feeling in breasts, suction on her

inverted nipples by pump to develop them brings orgasm in two or three minutes. Nursing brought orgasm several times a day.

With the baby eighteen months old, coitus averages every second night, twice, ten minutes, friction five minutes. He insists that the best condition for coitus, in the first days of marriage, was with her legs straight, he rubbing clitoris; then ten minutes anterior entrance always. Metritis and tenderness disappeared with regular coitus. Extremes of manual play were used by both with or without entrance. At present the position is always the same, dorsal; he kneeling between her legs and thighs about his waist. Much variety has been tried and rear entry experiments; but anything but anterior entry was always painful; the same posture is preferred; no less strong desire. They have abandoned cunnilingus and fellatio but other than that use long accustomed methods. Mirrors give delight. They play an hour, then he is inside three or four minutes. She has several finishes, every night for half an hour. Both are in radiant health.

At thirty-three, metritis and varicosities of both ligaments . . .

Some years later the second child; . . . Balkenblase cystitis; the red bladder of eroticism.

At forty-seven, good health, does not mention sexual matters, seems a good homemaker, devoted mother and wife.

*Case 97.* This is an American woman, slender, excitable and loquacious, quietly dressed. She is an only child, loose father and reserved mother, married after twenty to a man in the skilled trades; one child now five years old. In the period of observation from her twenty-ninth to fortieth year, she was at intervals almost a nymphomaniac with excesses of masturbation. She comes for nervous "attacks," volunteers that "attacks" of "throwing things around" come after "pressing on there," motioning toward vulva.

Her general condition is one of nightmares, depression, tears, headaches, irritable bladder, constipation, and leucorrhea. She has no vulvitis. Clitoris is fair-sized, not large, no adhesions. Labia have typical labial hypertrophy, though she says she never touches the labia.

Menstruation was established late, terrible flow for the first few months; severe dysmenorrhea always; intervals twenty-six days, duration five days. As adult after a retroversion operation the same pain, intervals ranging from thirty-five to thirty-eight days to two and a half weeks late.

The early history is that masturbation began at ten, "trying to see



if I could find a pleasant feeling." At eighteen and nineteen it was habitual every night, often by day, the maximum twice in twenty-four hours; no gap was longer than three weeks; the desire has lessened since marriage. Before that the play lasted ten to fifteen minutes. "Now I can't bring it to a finish even after an hour or more." The method is always in one place, side to side, "never inside."

This used to be when awake; is now in sleep. "I wake to find I've been rubbing there two to three hours and have had awfully strong dreams of being in bed with men and nakedness and that." When away from the husband she needs fingers deep in vagina. (Compare with above statement about "never inside.") Husband's doing it gives altogether different feeling, "He can't touch me there to satisfy me." No woman intimates now, but sleeping with women excites and there has been homosexual experience with two or three girls. One friend "couldn't end me. I like her to rub me and enjoy rubbing her."

Coitus began only after marriage and has been with husband only. (She told another doctor that her husband was only man who ever satisfied her.) When first married "it" happened every night. Before the operation for retroversion it was every night, now it is once a week, sometimes oftener. The husband can stand any amount, and when returning to husband after absence, she wants him every night for two to three months. At first she wanted it hours "because it wouldn't finish." "After my operation, fifteen minutes was enough and I was satisfied." "He withdraws, can wait as long as he wishes. Feeling is painful, with great excitement; if deep it hurts." After coitus, she sometimes has a bad night of masturbation. Bromide had very little effect.

Before thirty perineal nerve section, bi-lateral. She is troublesome and fussy in hospital.

At first, the trouble went away for months, "I could get out and act like other people; now I can only think of when I could do it." When she returned she was more nervous than ever. On return of sensation after cutting the nerve, she says, "That torturous old clitoris makes my life a purgatory; I can not go anywhere, I would rather no one would come near me. This constant feeling as if every nerve was tensioned there seems to be upward from the point of the clitoris and external parts. Up as far as the hair, it will feel numb—quick shooting pains all over the clitoris, either side—I rub every three or four weeks to a finish, but not nearly so often as of old—I am more sensitive than before the nerve was cut." When at the hospital for scarlet fever,

clitoridectomy was first advised—Christian Science was also advised by another doctor; nine months after the operation. "Now I am getting worse every day. Seems as if I would go raving crazy. That part of me throbs all the time." Smarting is accompanied by steady aching and occasional sharp cutting pains at each side of clitoris.

Other erotic stimuli are love stories, especially Robert Chambers' novels, which brought on the trouble again as bad as ever after the nerve was cut. Pictures stimulated when a married woman friend showed her photographs of intercourse. Men are always much interested, "they knew and tried to take liberties." None were permitted; "My fiancé tried hard." "Just talking with men makes me wet." Some men are sexually repulsive, "Possibly only dark men excite." . . . "The whole time I want my husband to hug and kiss me. I am all wet right away, if he puts his arm around me, I'm soaked." Doctor's examination never excites, hurt prevents, never climax.

Over a year later abdominal hysterectomy, total oophorectomy double, double salpingectomy and removing much broad ligament to get the ganglia also. Patient was erratic and talkative in hospital. After the operation in a month she writes that twice since returning home she has been "at the old trick.—I have the nerve throbbing above the clitoris and numbness and sensitiveness to clothes just as before—I am worried to death about everything." She has rheumatism, bladder trouble, leucorrhea, catarrh of the stomach and bowels.

Ten years afterward, she writes that she has been ill and miserable since the operation without the results expected—"highly nervous and excitable state—always irritation in that part." She averages auto-erotism every ten days, going without it perhaps one to three weeks.

Five years following, she comes saying that it has been proposed to remove her gall bladder; she had jaundice as a girl. She appears nervous, disintegrating, is easily tired, under weight, more depressed and worse every year. Husband does most of the housework, gets breakfast and dinner "using my arms gives me gas attacks," "so much gas." "I keep going to doctors." Clinically the urethral glands and meatus show gonorrhea. "After the second operation I got myself every two weeks till I had a let-up six years ago. Now I can go five or six months. . . . I got crazy over a man ten years ago, got gonorrhea from him. Other men do not bother me now. Once a month, I want an hour of my husband and myself afterward. After I got through with him, in the old times, I used to have discharges with him for an hour at a time. He could hold half an hour; right one after another."

"Part of the trouble is I have nothing to live for now. I lived just for that; now I haven't intercourse to live for."



## CHAPTER IX

### DYSPAREUNIA

*PAIN to the wife in coitus appears as a form of frigidity among patients of the established social type, of ordinary health and marital condition. This condition may last for years and is characterized by low fertility and impoverished love life, yet it is impossible to establish physical cause in nearly half the cases. The remaining couples, including the married virgins, live on the emotional level of a psychic handicap accepted by both. Pain is endured for a long time before seeking relief. Cure of the pain is usual but not the return of enthusiasm. The cases illustrate both physical and psychic dyspareunia, with varying cause, circumstances and effect.*

THE GREEK SOURCES of the word dyspareunia mean "hard" and "lying beside or with a bedfellow" hence the translation "ill-mated" and the habitual use of the adjective in Greek with a noun which means "marriage bed." Sophocles used this word, in the *Trachinias*, of the unfortunate wedlock of Heracles and Deianeira. As a descriptive word for marital disagreement, it comes to pathological significance as "ill-mated" coitus; thence to "difficult" or "painful" coitus; and thence to coitus painful to the woman.

The one hundred seventy-five cases of dyspareunia here discussed have in common only one element. They are so classified by the word of the wife that coitus causes her physical discomfort or pain. This is not *vaginismus*, in which dyspareunia takes the specialized form of developed muscular spasm which prevents or obstructs male entry. This excludes *vaginismus* from this study, although writers frequently treat dyspareunia and *vaginismus* together, and bibliographies may combine material as if they were interchangeable. It also differs from such text book definitions as "lack of pleasure in coitus," in that it requires pain by at least the semblance of an objective cause. No note has been

made of the complaint of passing dyspareunia in the newly married, nor has every case with an entry of dyspareunia in the series been counted. The forty-two hundred cases which were scrutinized contain many more entries, but lack the support of detail and personal acquaintance which led to a definite story of sex experience. The personal narratives of 800 married women afford 161 accounts of dyspareunia. In choosing the two hundred cases as a control group fourteen more definite cases of dyspareunia were found, and added to the 161 originals, making 175 in all.

The major expressions of sexual difficulty show three characteristic reactions. Using the patient's vocabulary, these are "I don't want it," "It isn't the way I want it" and "It hurts."

Psychologically, the first of these situations means "No." The second means "Perhaps," "Under the circumstances," "I greatly regret," "If only," "With someone else," etc. etc. The third says "Yes, but," which is often really "No" or "I greatly regret." The question is are these variations merely different ways of saying no? Whether they are or not, this is possible source material for qualitative differences. If the cause of sexual reluctance is pain, the curing of it provides data on the change of attitude from negative to positive. If it is not pain, it is the technique of a highly elaborated path of evasion.

Before considering this issue, the general factors which permit these 175 women to be compared with other groups are assembled. When compared with such groups as the frigid, those separated or divorced and those making indifferent complaints, there are two differences. Patients with dyspareunia are less fertile and of more stable nervous balance. These differences are arrived at only after the checking of many items of likeness.

As in other groups, the strictly brought up and carefully educated daughters of parents in good circumstances are married to business and professional men. They bring to marriage the usual history of early shocks and inhibitions characteristic of a high degree of conformity to the standards of urban life. They are temperamental, thoroughly accustomed to the routine sublimations of sex in fashion, society, and the arts and sufficiently inclined toward mental depression to indicate a concentration upon the self.



The age at first marriage ranged from fifteen to forty-nine years with ten women under twenty, ten over thirty and the median at twenty-four years. The typical woman came for consultation after six years of marriage at thirty, though a quarter of them were forty years old or over and another-quarter were not over twenty-six. While the median length of time of the marriage before going to the doctor was six years, twenty came as brides of less than nine months and twenty-six had been married more than ten years. The characteristic period of observation is around ten years. Eighty women were over forty years old when it ended.

#### FERTILITY

The final data about reproduction are that as mothers these patients do not average a child apiece. They had 1.24 pregnancies per capita but lost nearly 0.5 by abortion. Whether this statement is made for the group as a whole, or for those who are forty or more, makes no great difference. The total is still less than one child. A per capita ratio of 1.24 total pregnancies and .76 children surviving birth gives the ratio of abortions to living births characteristic of the thousand cases but fertility is lower than in other maladjusted groups where the general result is about 2.00 pregnancies per capita and just under 1.50 living births. The setting from which this fact emerges is Table XIII.

Approximately half of this group is infertile if those without pregnancies less than three years are included.

Of the eighty-six cases of infertility, eighteen are voluntary, three for possible tuberculosis, epilepsy and a chronic appendix, leaving sixty-eight cases of involuntary sterility. Four not counted as sterile are under treatment because they desire to bear and one of the brides has the possibility of sterility in gonorrheal salpingitis. Fourteen women are sterile from gonorrhea, a cause presumably beginning with the husband and twelve more couples have male sterility, from defective semen (five), old age (two), impotence (two), overwork, obesity. Twenty couples are sterile, with such causal factors as female obesity, amenorrhea, hysterectomy, retroversion, anteflexion with pinhole os, and closed tubes

possibly not gonorrheal. Twenty-two couples furnish no clear reason why they have no children. Of these, two have excessive coitus, one has avoided coitus from the fifteenth to the twenty-fifth day after menstruation, four complain that the semen runs out, and several husbands are not willing to have semen tested. Artificial impregnation failed once in this sterile group, but was responsible for the only pregnancy in another dyspareunia patient who was treated for sterility.

TABLE XIII  
FERTILITY RECORDS OF 158 PATIENTS WITH DYSpareunia

Results	Wives Reporting					Pregnancies Resulting In					
	Total		Abortion Only	Abortions and Live Births	Live Births Only	Abortions			Live Births		
	Wives	Pregnancies				Total	Only	Plus Live Births	Total	Plus Abortions	Only
Total.....	170	181	11	18	49	59	17	42	122	38	84
Never Pregnant*.....	92	—	—	—	—	—	—	—	—	—	—
Pregnant.....	78	181	11	18	49	59	17	42	122	38	84
Number of times:											
One.....	36	36	6	—	30	6	6	0	35	5	30
Two.....	15	30	4	3	8	11	8	3	30	14	16
Three.....	13	39	1	4	8	7	3	4	29	15	24
Four.....	4	16	—	3	1	7	—	7	8	4	4
Five.....	6	30	—	4	2	9	—	9	10	—	10
Six.....	1	6	—	1	—	3	—	3	—	—	—
Seven.....	2	14	—	2	—	9	—	9	—	—	—
Ten.....	1	10	—	—	—	7	—	7	—	—	—

\* Never pregnant include: 12 married under 9 months; 18 using contraceptives; and 62 involuntarily sterile, 52 for less than 3 years, 10 for more than 3 years.

#### HEALTH

By the classification used in other cases, sixty-nine of these 175 women are in less than good health. Fifty-three are defined as very nervous or neurotic, one has tuberculosis. Sixteen are seriously impaired in nervous balance. Twelve have neurasthenia, two have nervous breakdowns, two have melancholia,



one of whom has tried suicide. All the others are either in known good health (forty) or nothing is known against their good health (sixty-six). Between those over and under forty years of age, the health data show no difference.

No fixed relationship between nervous instability and menstrual difficulty can be established. The woman who had never menstruated during her life came to neurasthenia before middle age, but the woman who stopped menses at twenty-two and was enabled to resume only by a stem in the uterus stayed in fairly good health and balance in spite of marital trouble.

There are seventy-five complaints of menstrual trouble, which means that one hundred made no complaint. Sixty-five patients had dysmenorrhea, one membranous, eight of these also had menorrhagia, seven amenorrhea and three irregularity. There were also three cases of menorrhagia alone, five of amenorrhea alone and two of irregular menstruation.

One of these patients was delivered at birth and watched till her twenty-ninth year, another came for pruritus ani at eight, several more for menstruation during adolescence, half a dozen before marriage; the rest after marriage. The first diagnosis made after marriage was usually concerned with problems of childbearing or dyspareunia; as shown in the following reasons for coming to the gynecologist:

	Cases	Per cent
Child bearing.....	61	35
Dyspareunia.....	57	33
Inflammations (local nineteen, gonorrhea one).....	20	11
Menstruation.....	15	9
Anatomical defect, such as infantilism and retroversion....	10	6
General examination for trouble of pelvic origin.....	5	3
Premarital examination and marital advice about contraceptives.....	4	2
Consultation about operations.....	3	1

In the detailed list of illnesses, twelve cases of neurasthenia and fifteen of gonorrhea have already been mentioned, one of the latter also with syphilis. There are ten reports of salpingitis, some recurrent and four of pelvic peritonitis. The minor inflammations are chiefly the vaginitis, vulvitis, meatitis, pruritus

and kraurosis associated with difficulty in coitus. One wife refrained from pregnancy from chronic heart disease, another from epilepsy. The reports of illness in eighteen husbands have to do only with pathological data: thirteen men drank; one of these came to insanity, making two husbands in 175 insane; two took morphine, one was a hypochondriac and another had melancholia.

#### SEXUALITY

When a woman comes to the doctor for dyspareunia, and one in three of these cases avowedly came for that, she talks much and explicitly about the nature of the present trouble, but is not historical. Accounts of early sexual shock appear in only a few cases and in response to repeated questions. The evidence tends to remain contemporary. There are no accounts of extraordinary love affairs and none of pre-marital coitus, with the fiancé or any other person. Whenever inquiry is made it is found that engagement excitement was experienced as usual, only four women affirming no sensations then.

The assertion of sexual impulse in the self and of self experimentation follows about the characteristic course of the thousand cases. Nearly half of all (85 cases, 49 per cent) admit sometime auto-erotism. Thirty additional cases (13 per cent) deny it but show what are believed to be the characteristic signs of friction or reiterated congestions. The remaining sixty cases have no physical signs, so the matter was not discussed. The method was known to be vaginal in two cases, urethral in four, thigh squeezing in two and "while asleep" in two; all the others are presumed to be vulvar pressure or friction. During the period of observation, twenty-one patients are believed to have been persistently auto-erotic in habit, others stopped after puberty, or began and ended with engagement. There are no complicated imaginative stories or realistic accounts of auto-erotic struggle, though several patients recognize a difficulty in transferring from auto-erotism to coitus. Only twenty-two are noted as erotic at pelvic examination, that is, showing wetness and vascular engorgement. The histories contain no account of homosexuality



or of extreme love and dependence on relatives of either sex. As compared with stories of wives suffering from frigidity or unsatisfied passion or with the erotic longing of single women, they are on the whole, pale. They lack the conviction carried by mental distress.

Without the tendency to recount a stormy childhood and a youth suffering for love (though this does not mean both were not there), these women tell of marriage at average age and conditions. Except that twelve had had amenorrhea and three infantilism of the genital organs there was no warning of probable dyspareunia from physical sources.

Under these circumstances, 38 per cent, coming to the gynecologist some time after marriage say that they have "always" had dyspareunia. The following summary shows how long the marriages had lasted and also shows those seventy cases in which dyspareunia is claimed for the whole marriage period.

<i>Years Married</i>	<i>176 Couples</i>	<i>70 with Dyspareunia "always"</i>
Less than one.....	24	24
One to five.....	44	23
Five to ten.....	33	11
Ten to fifteen.....	24	3
Fifteen to twenty.....	16	3
Twenty or more.....	20	6
No data.....	14	—

The seventy cases include eleven accounts of repulsion on the bridal night and as many more revert to painful and distasteful beginnings. These figures make clear first that pain is endured for a relatively long time before trying to do anything and second, that in 105 patients dyspareunia is presumably not constant. Five women have felt it "sometimes," for "years."

In examining the first point, it appears at once that in those having it longest, dyspareunia was not the liveliest issue brought to the doctor. A woman who has been married eight years and observed for seven, suddenly says that she has "always" had dyspareunia, or one observed for seventeen years says she has had it since the third child, now six years old. There are two cases in which the husband brings the wife, several more in which his insistence

compels the wife to speak, twenty in which the matter has faded into the past because there is no coitus. Characteristically, the woman regards it as her private trouble and 118 discovered it to the doctor only after some time in connection with other complaints.

The frequency of coitus in this group is known in 102 cases:

Daily or oftener.....	7
Every other day.....	4
Twice or three times weekly.....	9
Twice a week.....	20
Once or twice a week.....	10
Once a week.....	16
Once in ten days.....	4
Once in two weeks.....	2
Once in three weeks.....	1
Once a month.....	7
Once in two months.....	2
Rarely (3 or 4 times a year).....	4
Never (a year or more).....	16

There are second reports on frequency in thirteen of these couples; eight times they are having less coitus and five times more. In nineteen cases the wife reports both her husband's desire and her own and says that hers is the less.

The wife's attitude in this matter is positive pleasure twenty-one times, "indifference" forty-eight times and various grades of distaste and fear thirty-six times. This is the same as saying that one woman in five is pleased in sexual union. The other four are not, but some dislike it more than others. As possible explanation for the negative, we know that seventeen wives and two husbands fear pregnancy and that thirteen wives and two husbands feel something demeaning about coitus. Also, many wives are forming their judgments about coitus from incomplete experience, since they do not reach orgasm.

In 145 reports a strong vaginal climax in coitus is stated only thirteen times. Entries of the wife's climax with or after the



husband occur twenty-six times; "sometimes" six times; rarely, fourteen cases; "formerly, not now," eleven cases; never, twenty-one cases. To these seventy-six stories may be added sixty-seven more; seven are of intrafemoral coitus only, twenty-seven of pain at entry, seven of bleeding, hysteria, fainting, vomiting and exhaustion afterward, eleven of anger, restlessness and insomnia afterward,—fifty-two complaints on the part of the wife. Coitus hurts four men, nauseates one, makes ten weak in erection or impotent with the wife. Yet coitus is never rough, except as a few men talk tactlessly. This is more pain than pleasure. If thirty-two wives have orgasm, forty-six do not and sixty-seven have all kinds of difficulties, it comes to the same as to the foregoing—one woman in every five is satisfied and the other four are not.

Length of intromission before ejaculation is told eighty-two times. Forty-four husbands could not hold an erection beyond three minutes; of these twenty-six ejaculate "instantly." Sixteen could habitually hold it from five to ten minutes and twenty-two could hold it fifteen minutes or more, seven of these "as long as desired."

In the limited material given about control of conception, one-third of the total use no contraceptives. The contraceptive employed by sixteen of these couples is coitus interruptus, alone in nine cases and in combination with condom, suppository, douche and safe period in the others. Eleven more use the condom especially, four combining it with pessary and one with suppositories. Seventeen use a douche either alone (eleven cases) or with condom, jelly and suppositories. Twenty-one use no contraceptives; this closes the data given by sixty-five cases.

\*These data about sexuality have a familiar aspect. They are quite parallel with the data about frigidity and other forms of the negative attitude. Except as pain from physical reason can be shown, we are dealing in these 175 cases only with a specialized form of frigidity. Yet by definition, dyspareunia is limited to cases of pain in coitus. The material is therefore examined for this point only.

Up to now the basis of discussion has been 175, the whole num-

ber of cases. They are much alike in objective data and in subjective quality. Examined in detail, it is apparent that seventy cases, discussed here as dyspareunia may be finally referred to the sections on separation and divorce, brides and married virgins, and other general classifications. The remaining 105 cases, are then considered intensively with regard to pain. The result is that there are sixteen cases in which it is impossible to find physical cause for pain, thirty-two in which it may exist but seems diluted with the mental attitude, and fifty-seven attributed to physical causes. This gives a residue divided between physical and psychic dyspareunia—each to be considered in detail.

#### PHYSICAL DYSPAREUNIA

In fifty-seven patients who have established cause for physical dyspareunia the assigned reasons for pain are equally divided between anatomical causes and inflammations. There is possible meaning in the fact that anatomical causes originate in the patient herself, without other pain, they are not freighted with associations of suffering or overhung with evil consequences. The husband is not to blame, so that resentment against him should be minimum. Under these conditions what is the history of sexual desire? What are the psychic concomitants of physical dyspareunia?

In his own cases, the doctor, when repairing the external tears of labor measured the resultant canal, to be sure it would take the size of the normal male organ, that is two full fingers. He was also particular to avoid operations which built a scar-bridge that might be sensitive, as when drawing the levators together in considerable perineal tear. Several weeks after repair operations he tested to be sure there could be no resultant dyspareunia. In cases first seen after operation, six women in fifty-seven had post-operative shrinkage of the vulva after laparotomy or radium. This appeared late in life, at the years associated with menopause. It came suddenly, sometimes after happy sexual relationships, and we are unable to tell if it ever completely disappeared. The patients were of an age that does not care to talk, in which sexual life is popularly supposed to be nearing the end; they gave no evidence.



The location of the meatus very close to the vagina or pointed into it so that the penis presses it against the bone above at intromission is again an impersonal cause of pain. Search for such explanation of dyspareunia was recent in this series. The nine cases illustrating this cause have usually been married for long periods; three, five, eight, sixteen and eighteen years. Trouble in coitus is of recent standing, five patients coming specifically for dyspareunia. But the thousand cases can produce three histories of patients with everted meatus having regular coitus without dyspareunia. This makes it necessary to take into account that four show other barriers to sexual feeling than pain. "He is indifferent" she says "whether I care or not, accuses me of going with other men, in which case he would not live with me five minutes." . . . "He had it night and morning," would wake her at five o'clock, he kept this up a year, she was exhausted—"Soon as he touches me it comes from him." . . . "I just remember his injustice."

By reducing inflammation and sensitiveness in the meatus and directing coitus with thighs against abdomen, all but one were cured and able to have intercourse. This one afterward had orgasm in spite of the pain; but not all of the others did.

The thirteen remaining anatomical cases are retroversion or antelexion with short vagina, sometimes with a combination, such as an infantile vulva and parovarian cyst. "Vomiting and never sex feeling" goes on after an operation for antelexion in one case, the big belly of the fat man and the narrow deep vulva of the fat woman continue difficult, two neurasthenics continue to have no pleasure at all. Otherwise, the dyspareunia lost force after treatment and the patient resumed coitus.

\* There is no way of knowing whether, when relieved, the patients had to continue the use of the recommended lubricant and prescribed postures. Complaint of the size of the male in these cases, where the bent uterus shortens the vagina, appears only once, but the wife says that her husband has an eight inch penis, and her account of the positions which hurt coincides with difficulty from this source. One woman had a bicornate uterus. The histories have accounts of several double hymens and double

vaginas in women with dyspareunia, sometimes here discovered for the first time.

There is basis for a presumption that pain coming from inflammations may be more open to subjective influence than that of anatomical cause. It may be more nearly continuous, it may be associated only with life after marriage, it may arouse suspicion of the husband. Six of the seven cases of vaginitis and vulvitis are gonorrheal in origin; there are also seven of cervicitis, three of salpingitis, one of ovaritis, four of cysts of the cervix, or anal fissures and eight of pruritus, and kraurosis. Except as three of these wives express continued distaste and repulsion there are no accounts of mental hostility to the husband. Coitus is infrequent, except for the couple who have had it every night for six years. Feeling returns after the cure of the inflammation, in the five instances which give information. It returns in cases of gonorrheal infection in which the husband is presumed to be blameworthy, just as in other inflammations; but we are not sure that the wife knows the real cause. Several cases practiced auto-erotism and one successfully used a vibrator to test vaginal sensation at the time they had dyspareunia from local inflammation.

The eight pruritus cases seem to indicate that while the vulva was saying "no" it was also saying "yes." The itching of pruritus seems a form of desire for sexual satisfaction in some cases, but not always. This is discussed in another volume. In two women we have no direct information except that one of them has coitus once a week at fifty-six and the other is suspected of urethral auto-erotism. About the remaining six: at the time of the pruritus there was no complete cycle of coitus with the husband. One woman, mother of three children, with a sick husband, fears pregnancy, has little sex feeling now except after period though it was strong in early marriage, is thought to be auto-erotic in practice. Another says she "wouldn't bother with it if it wasn't for him," no response; she never had a child but has chronic bilateral mastitis, and this is a common accompaniment of prolonged auto-erotism. After the cure of dyspareunia she had orgasm in coitus twice a week although she had had radium treatment within the uterus. A third woman says she never gets



climax at coitus but she admits that vulvar friction, orgasm and itching go together and that she has complete gratification in dreams. The fourth says after twenty years of marriage, "His coming to me is the most irksome thing in the world." The fifth is "scared to death of labor," "would not let him near me for a month" after marriage and after four years is "not interested, I don't care for him." The sixth says after eighteen years that she has "Never the least response, have never told him; it has made me a wreck." Later she thinks her husband may have someone else.

These fifty-seven women had seventy-seven pregnancies and fifty-two of their offspring had survived birth as living children. This gives a higher ratio of fertility (1.35 per capita pregnancies and .91 births) than the total dyspareunia group, but still compares unfavorably with the total birth rate. Vaginismus in child birth, that is, obstruction from muscular rigidity or spasmodic action of the pelvic floor muscles has never appeared in this dyspareunia group though watched for.

As to health, thirty-four were in good health as indicated by nervous stability, eighteen were below par and five were neurasthenic. Menstruation gave some difficulty in twenty-eight cases. Pain appeared twenty-two times with four cases of menorrhagia, three of amenorrhea and two of irregularity as well. The six remaining cases were three of scanty, two of excessive and one of irregular menstruation.

About sexual life with the husband fifteen gave no data; eighteen habitually had orgasm in coitus, eleven did not and thirteen were doubtful. Instead of satisfaction in coitus, there are varied examples of the negative attitude and of sexual substitutes. Besides the eight patients with pruritus, there are fourteen cases of possible self-induced vulvar orgasm; nine of such illnesses as vomiting when a stomach specialist finds no cause, insomnia, hysteria and neurasthenia; two cases of pretenses of sexual happiness; three examples of fear of pregnancy and four of hatred of the husband, besides the frequent sublimation in lives of the children. This accounts for a vital and persistent interest in life somewhere near the sexual zone for nearly every woman.

## PSYCHIC DYSPAREUNIA

In spite of the report of the patient that she has physical pain in coitus and the intent of the gynecologist to find a physical basis for pain, there are sixteen cases in which it can not be established. That is to say, attempts to put this sexual difficulty on an objective basis still leave the idea that the source may be subjective after all.

These cases read like the others except that the record specifically says physical cause can not be found. They have therefore been studied with reference to possible psychic cause and interpretative comment is made individually as follows:

*No. 88:* She was a school teacher, excessively prudish, claiming that she was not large enough for male entry. The doctor did nothing except tell her after pelvic examination, that she was entirely adequate in size.

*No. 462:* Dyspareunia began about the time she weaned her first baby. She was afraid of another hard pregnancy and reverted to a "not nice" attitude. She has friends who suggest this—one of them said to her on the wedding day, "You're going to be killed to-night." She had previously been auto-erotic and now took toward sexual relationships with another an attitude of disapproval she began toward her habits with herself. . . . As time went on she withdrew more into pre-occupations with accessories, style, dress, eating.

*No. 512:* Her sexual life has been thwarted at every point. Originally auto-erotism caused her embarrassment at confession to the priest. Her first marriage was sexually blank. Coitus was "very quick," she had "neither desire, nor pleasure." The second husband at first ignored her and had a form of impotence with her. Now she has had fifteen years time to reflect on the fact that he was potent enough to get syphilis with someone else. Furthermore he drinks and has attempted to poison her or she says that he did. Therefore, she claims dyspareunia, over-eats and over-worries. Later she retaliates against the husband by dreams of other men and by asking her brother's advice.



*No. 347:* When this patient first came to the doctor it was menstrual pain she played up. She had it in adolescence but not in the years of work at her occupation. After marriage she remembers the pain of cutting the hymen without ether and shortly after the pain of inflamed ovaries—did she associate that with the husband? With the chronic pain later? At a visit to the doctor six years later they are completely apart—he won't work so she has to—he has gone to drink, she has gone to a grievance. The pain of the wedding night now appears for the first time. "He wants it every night" is a way of de-personalizing and lowering a relationship to which she wants to feel superior. She is still self-conscious about her desires—the vulva purples. She closes the levators to him—but does her relaxed introitus and vagina mean continued self relief by vaginal friction?

*No. 231A:* In this case the wife foregoes assuming an equal attitude sexually, because that would mean becoming an equal in other ways. She would rather be the cherished child, having all the attention, than do anything which would supplant her by her own children. She was married at school girl age and lived away from her family in an adopted country, but the indulgent husband lets her find these props of home in him. She keeps him indulgent by granting equality once a month as a great favor, with elaborate resistance technique. Yet attentions from other men start her wondering about sexual possibilities, just as might happen to a young girl not yet outside the family circle.

*No. 314:* A combination of his ignorance and her fear cause the dyspareunia. Her childhood had more than one sexual shock. Her first recollection about sexual matters is that she was astonished to hear "that a man goes into a woman." Her habits of auto-erotism may be standing in the way of marital development and it might be well to look for reverberations from her broken engagement. Also the two comments about his innocence are not favorable to his capacity as a lover.

*No. 432:* Either the husband eighteen years her senior is really not passionate or the wife's hard experience in child bearing with its consequent association with coitus, has persuaded both of them to minimize sexuality.

*No. 708:* Amenorrhea and antelexion give the clue to a possible physical cause for lack of desire—but this wife does not claim the pain which would be associated with antelexion. She says she has a period of desire concurrently with a distaste for the husband. She “will not force myself” to ask for what she wants, she repudiates his asking, yet she volunteers that she has a history full of sexual feeling. A casual kiss has so much meaning that she is made ill by it, declines to see the man again, etc. Desire for extra-marital interests goes as far as agreeing with friends that the husband is “not suited” to her and having sexual fancies about men in dreams.

*No. 37:* Precise knowledge of the cause of the wife's dyspareunia is lacking, but it is stated that there is no pelvic reason. Our knowledge of the emotional life includes first the fact that they deferred marriage and remained engaged for ten years because her mother came between them. Second, the fact that he is introspective enough to give up his position because he thinks he is “not doing his work right.” Third, that he had delusions of persecution with a sexual content and spent four months in an asylum.

*No. 437:* It is possible that this patient continues auto-erotic practice. She had and admitted much erotic disturbance while virgin, enough possibly to cause cervicitis with cysts. Later she had mammary abscess as nullipara. She accommodates herself to weekly coitus without desire and with some complaint.

*No. 97B:* Her family made a great fuss about this marriage. Can there be some subtle inner objection to the husband to whom her family objects? She is willing to tell someone else he has not been very successful, she expresses a desire for more money—the while she says she has no erotic interests. . . . Her husband criticizes her about auto-erotism. Can she be criticizing him about nightly coitus? She kept from him the doctor's recommendation that suppositories would give her more feeling. . . . She has said that masturbation for awhile was without pleasure. When she has repulsion, the position with herself above, formerly satisfactory, becomes “horrid.” Has she a preference for vulvar coitus? After reporting her change of attitude, passion was strong enough to survive a hysterectomy, with the loss of one ovary.



*No. 366:* The size of her introitus has been the subject of discussion; she evidently hoped it would be too small but the measurements prove to be average. The real trouble is his "other women," drink, racing, no love, no satisfaction, and fear of conception.

*No. 161:* She has itching of the vulva and in the vagina but the difficulty with coitus seems to be that she is more interested in self-relief by vulvar friction. Auto-erotic practice must have gone on so long that she has exhausted even the surface attraction toward men. After four years of marriage, "no interests;" she is able practically to ignore her husband.

*No. 432:* She had convulsions with the first child, one spontaneous abortion next and nephritis with the second child. After the first pregnancy, they did not know how to control conception and had no coitus for a year. Later they had none for three years—so that they are out of the habit. The doctor can find no physical cause at all, and thinks it must be fear of pregnancy. "I am scared to death to have him come. He does not care, he is never passionate."

*No. 411:* This wife is thought to be auto-erotic and their separation interferes with their sexual life. The husband is away a year at a time, when he is home coitus is two or three minutes and she can get up no interest, even complains of pain in a haphazard way. The two or three minutes are probably not as colorful as her anticipations during his absence. She pretends to have orgasm when he does because she doesn't "want him to go with anyone else." Practically he is away half the time and she answers the possibility of his unfaithfulness while away by pretending to be with him in sensation whether she is or not.

*No. 232A:* The patient says there is an "obstruction" and "he hurts me terrible." There is no physical cause for this but as the history unfolds she says "The hurt of the first night disgusted me, he never tried to make me like it"—"always a quarrel about it." "He has been so beastly in his drink, I would rather see him dead than have a child by him. I would rather he would go out and buy it than come to me." "I would rather have died these two or three years than have intercourse with him."

In addition to the preceding sixteen cases of psychic dyspareunia, there are thirty-two more which seem to contain as many psychic as physical elements. Even if there is a physical "obstruction," there is also evidence of great mental hindrance. They must therefore be included as psychic cases and in conclusion forty-eight cases are characterized by a strong psychic element.

Data about these forty-eight women are assembled for comparison with those of the fifty-seven suffering from an assignable physical complaint.

First, their average fertility appears just about that of the group, both in per capita pregnancies and living children. This is not really true. Several mothers with a large number of children prejudice the total, and unduly weight the average; omitting these the individuals in this group incline more to sterility. Only one in three women gave birth to living children and most of them never conceived. In the group having dyspareunia from physical causes, two in three were fertile. Of the sixteen foregoing cases having what we call psychic dyspareunia, ten had no children. Three were voluntarily sterile, one had a hysterectomy at thirty-six, one had only an ectopic pregnancy. Five had involuntary sterility for more than three years. The causes of this sterility were twice defective semen and impotence and once gonorrhea, otherwise not positively determined.

The proportionate distribution of good and bad health is almost exactly the same as in the physical group; there are four complaints of neurasthenia. Painful menstruation which occurs twenty times in forty-eight women is in this group just like the others; there are also two cases of menorrhagia and four of amenorrhea.

The most conspicuous point in the sexual data is that the wife talks about symptoms, shocks, fears, distastes, etc. and does not give adequate data about her erotic life. Six couples—in the thirty giving information—were long since not having coitus; another couple had it fully only "annually," four had it from once a fortnight to once in two months, five once a week, four twice, seven two or three times, one four times, one daily, one more than



once a day. Intromission was "long" in two cases, fifteen and ten minutes once each, five minutes and "two or three minutes" four times each.

The total avowals of an interesting sexual life are less here than in the known data of the first group, thus:

Of 42 with physical dyspareunia, eighteen had orgasm, sixteen were doubtful, and eleven had none.

Of 46 with psychic dyspareunia, eight had orgasm, sixteen were doubtful, and twenty-two had none.

This is to say that to have psychic dyspareunia is to have less sexual interest in every respect.

The characteristic comment on the whole range of sexual feeling is that there is "no desire"—"little response"—no feeling after intromission. Four wives return always to the first night's pain, several more have had dyspareunia "always." Of the sixteen women having, so far as can be found, only psychic dyspareunia, not one had vaginal orgasm in coitus; four had vulvar orgasm produced by the husband after a long and difficult history of reticence when sexual shock had been overcome. The others simply were not interested in sexual union with the husband.

Without exception, they gave evidence of some other ascertainable channel or channels into which potential sexual desire was poured. Two had physical disturbance in pruritus. One woman was gifted as an actress and adept at flirtation. Another admitted a complete pelvic insensitiveness from vaginal auto-erotism. Four found expression in erotic dreams, some with veiled allusions to men and extreme recoil from chance actual encounters with them. Three had great fear of pregnancy, justified in two cases by hazardous confinements. Three continued auto-erotic and had extreme loathing of the husband's character and personality.

**MARRIED VIRGINS.** By far the most striking of these patients is the group of eighteen married virgins. This classification is anatomical; though always supported by the patient's word, it is based on the hymen which has never been penetrated; indicated as a small sharp edged inelastic opening.

The characteristic story is an amiable one, of two people who

did not know how to do differently. The husband also was a married virgin. Although they sensed incompleteness, there is no bitterness, not even the complaint of thwarted desire, in those who continued to live together; three who came to separation or divorce are another story.

This state went on for a relatively long time, for none less than one year. The eighteen about which the data are adequate were married for a total period of eighty-three years. There is nothing to indicate that entry might not have been affected, with instructions. The patient usually came for something else and did not even know the situation. Neither was there indication that all were promptly going to change it. They had become used to what they had. Four came for sterility, and two were made pregnant by vulvar coitus.

Two patients had mild vaginitis and vulvitis from gonorrhea, one sixty year old husband may have been impotent, another husband was set against sex in any form, while still another husband believed that coitus was only for procreation. All the others were ignorant that penetration into a vagina should occur.

One wife had neurasthenia, but otherwise evidence of mental conflict and physical suffering are limited. Six had dysmenorrhea and one also had menorrhagia. One woman with an infantile vulva had chronic mastitis.

Intercourse goes on in the ordinary rhythms—say a contact of five minutes once or twice a week—sometimes with climax. Avowals of great sexual desire and of extreme suffering from deprivation, are not made. By the patient herself, it is merely passed over as one of the commonplaces that one in 220 married women in this gynecologist's experience stayed virgin though married.

There appears fitfully in the records the persistence of the girlish attitude, the age of charm and homage of which the woman finds it so hard to let go.

In the thirty-two women having possible physical sanction for psychic dyspareunia, records about orgasm and about desire all incline to the negative. After there have been deducted the five cases in which with difficulty and with auto-erotism continuing,



the wife gets rare orgasm—and three for whom the data are incomplete, the story goes on as follows:

Seven times she says she does not love him, feels distaste. In as many more cases she does not say so directly, but admits it in other ways. She thinks, for example, that she “could rouse to a new husband;” or she is roused in general and by other men; or she “pretends” to be satisfied; or matters between them are in a state out of which the husband’s insanity takes a sexual trend; or “he hurts,” she says, making personal and masculine a difficulty which is described as “it” out of the mouth of a thousand patients; or she has hysteria or vomiting after.

Two women have pruritus, two others have epilepsy and heart disease with continuing auto-erotism, one has neurasthenia. Four more are persistently auto-erotic, making much of fear and shock, and a confusion of psychic factors functions, throughout the group.

#### CONCLUSION

Data to indicate original sexual capacity exist in all cases observed upon this point.

In dyspareunia their frequent manifestation is the withdrawing of sexual capacity from the husband and centering it on the self. The ensuing attitude then closely parallels that observed in frigidity patients.

As to the possibility of cure, dyspareunia may be cured and forgotten, the couple passing into complete rapport, but this is unusual. The dyspareunia patient is likely to be cured of tenderness in coitus but not likely to develop active sexual desire with climax. In the median case, the cure of the painful sensation is followed by a sexual blankness toward the husband. The precise figures are that twenty-three women were not cured of sensitiveness, sixty-four stopped having pain but remained without pleasure, fourteen afterward discovered an active sexual life with climax and seventy-four were not followed up. Whenever the combining causes recurred exactly, there are a few incidents of a dyspareunia which shut down and cleared away in alteration.

The most important social result is low fertility. The material

about reproduction indicates that a small per capita ratio of children accompanies these 175 cases. The true meaning of this is hard to gauge since the records are full of women who dread pregnancy and also of women who are not interested in coitus from the disappointment of knowing that it serves no reproductive ends. While the small number concerned permits no generalization, there are hints of the emergence of psychic dyspareunia in childless wives who do not complete a satisfactory cycle in coitus. Dyspareunia was the focus in thirteen acute problems of marriage: two divorces for unfaithfulness, three separations, one request for annulment, four cases of adultery and three cases of extreme jealousy involving beating, threatening to kill, etc.

The difference between dyspareunia and frigidity is in the patient's insistence on a physical cause. A demonstrable return to satisfactory coitus seems to indicate that certain cases do begin and end with the physical cause.

However, if physical dyspareunia is likely to be followed by psychic dyspareunia, as well as accompanied by it, there is a basis for the suspicion that it may be preceded by it. Evidence upon this point is the pivot of the whole matter. How much is mental? As another doctor in referring a patient says, "Is her dyspareunia above the neck?" Psychic origins may proclaim a physical pain which is the mask of aversion but physical pain joined to spiritual disunion makes a loud and puzzling dissonance. Priority and logical development can not be established. It is clearly apparent that many cases show an early confusion of the psychic and the physical and that any manifestation carries with it from the beginning the possibility of the whole cycle. Up to the end, reversals of the order of beginning and progress occur. The end so often lapses into frigidity that it must be considered also that the beginning can also be frigidity. For comparison with every case which appears to move from pain to dislike, there may also be the case moving from dislike to pain by a reversal of the same mechanisms. For example, the dyspareunia patient tends to let the trouble go on without doing anything about it, merely lessening coitus. When cure of pain has been effected,



lessened coitus persists and is explained by the "lack" of sexual feeling. This points to the suspicion that coitus has all along been undesired. When this is true, dyspareunia is a specialized form of frigidity.

For the support of the view that dyspareunia soon inclines toward the psychic it must be said that there are available at least as many more cases with the anatomical grounds for dyspareunia as have been studied here. Also, that two thousand private records of single women have not revealed a case of active vaginismus requiring anesthesia to examine; and the present series of one hundred seventy-five cases offers only one case in which the gynecologist is unable to examine without ether. Also the dyspareunia sufferer sometimes admits the secret desire for another lover, or the continuing auto-erotism which does not cause pain. Pain refuses some approaches and accepts others.

Dyspareunia on its psychic side differs from other forms of sexual coldness, as psychic impotence in men, frigidity, and rejection of the other sex in its aggressive quality. It is active, not passive. It goes ahead to meet the situation and attacks. There is no argument only decision—"Coitus can not be done because it hurts." Here we have an accomplished fact. This accounts for a more reasonable quality, less bitter and less fearful than the accounts of a group of frigidity cases show.

The patient is less defensive, does not hunt a grievance, does not talk so exhaustively. She thinks her fact is indisputable,—she has the conscience of one on the offensive.

*Case 448.* At thirty-three the patient comes for vulvitis, vaginitis, vaginal pruritus and dyspareunia.

\* She is of cultivated people but says that she was always unhappy before marriage, never did anything, "just decorative," never an interest on earth and did not care if she lived or died until she was married. Menstruation began late, irregularly, now amenorrhea, three guards in all. She has had yellow leucorrhea for two years, worse in the last six months, since when pain in coitus has been desperate. The dyspareunia is from gonorrheal vulvitis; one urethral gland infected, multiple fissure of anus; full vulvar signs of auto-erotism.

She was educated by nuns, never self relief, no girls roused her, never

knew anything before engagement, during which she had only general thrills. She got a wrenched knee just after the wedding, so there was considerable delay before any attempt at coitus. She had severe pain at the first attempt but no bleeding. Their contraceptive has been condom; it always hurt though with lubricant. It took a long, long time to get her to finish, half or three-quarters of an hour, she did better above. She is deeply in love with husband, "marvelous husband" but discouraged by her failure about coitus. She is only interested after period and now, "I wouldn't bother with it if it wasn't for him." Two years after marriage there was an induced abortion, "couldn't afford a child." She has no fear of pregnancy; her doctor kept telling her to have a child, then said she could not conceive. She now wants children but has had no coitus for a year because it hurt her so much; no response but, "I ache for lack of him."

At forty-three she returns with mastitis, adherent tube in cul de sac, prepuce adherent; introitus two and a half fingers. She has had radium in the uterus for a persistent white discharge with no gonococcus. . . . Now she is depressed, cries easily, is on edge of nervous breakdown. Her husband is interested in some one else; she never stops thinking of this woman except when she is motoring. She used to dream about an opera singer, now she dreams about her. . . . She has nagged him and now blames herself. They live in an apartment; she cares for it herself; they take meals out. She is very fond of liquor, as a child would go around sipping partly empty glasses, but has never been intoxicated and they do not serve cocktails. She insists that there are no physical relationships with the other one. However, the husband took both wife and other woman on a lecture trip and the latter got inflammation from old adhesions, was ill in the hospital for an appendix operation with a recent relapse. . . . After the wife's vulvitis was cured intercourse became painless; coitus was for eight minutes twice a week, with good orgasm and full satisfaction. It is all "down there," kisses and breasts mean nothing; she does not need preparation; afterward feels well and serene.

At forty-five coitus is not as frequent or active as formerly; no change in the vulva. She is having some difficulty with the heart but has no heart attacks after coitus; the husband is nervous from financial worries; no dyspareunia.

*Case 4.* The patient is serene, intellectual, eager for children; happily married to a Scotchman, "We think the world of one another." She comes for sterility at thirty after some years of marriage.



Menstruation began at average age, dysmenorrhea from the beginning, she was habitually in bed with it and mental depression at period has been worse since marriage. Weight varies but is fair. The signs of vulvar and vaginal auto-erotism are extreme with a high degree of atrophied corrugation all about the minora, the fourchette and urethra; pelvic floor, utterly insensitive and extremely elastic, varicose veins in the broad ligament. The clitoris is large, the glans four by six mm., prominent; the color of vulva goes to brownish purple, distensibility four full fingers freely, hymen thick, untorn, with a corrugated edge.

She does not deny auto-erotism; it is because intercourse is unwelcome. When first married she had strong feeling but when pain in coitus developed she shrank from it and as years passed response became less and less frequent. This trouble has been due to recurrent salpingitis, a prolapsed, mobile hydrosalpinx and edematous ovary. With the lifting of the prolapse, frequent hot douches and a long summer's rest, coitus ceased to be acutely painful and her old feeling is returning.

In four months she has more normal feeling and more frequent climax with the difficulty that his emission is almost as soon as he enters. Her difficulty in rousing desire is in lack of essential preliminaries but this she has never told him. He is in the habit of a second entry in twenty or thirty minutes. In four months intercourse again becomes very painful. She has strong feeling but pain checks the climax. After curettage and cervix dilation she never had dyspareunia again.

Years later she is still hoping for a child, has thought of an adopted child but the husband is not willing. Questioned, she says she never had dyspareunia, at least she does not remember anything of the kind. Her husband is very quick, but she has full response, "If anything, I am quicker than my husband."

*Case 338.* A quiet little woman, wife of a man in an important position comes at forty-five for "ache in the privates," frequent urination and at the second visit she says painful intercourse. She has had a long nervous breakdown; menopause was early. She was married young, keen for children, no preventions, one miscarriage soon and a second many years later. Her mother had several children with menopause early, and her sister had a similar history.

The husband is loving and kind, faithful, domestic. They are always together. She was never excited in engagement, "never thought of those things" before marriage. She had pleasure in coitus the first two

times but never since. At first there was severe pain for two or three weeks, then for two months she liked it but was not very passionate, once a week suited her. Her climax was after he had gone, in her sleep. After two or three months she was disgusted; he "had it night and morning," would wake her at five o'clock, she lost weight and was exhausted; he kept this up a year. Later "it was once a week" and for three minutes instead of five or ten, some distaste. . . . She has an infantile vulva and an inflamed meatus, now causing dyspareunia; the fully adherent prepuce is stripped; introitus three fingers; a little erotic on examination. She complains of fullness, swelling of the labia majora. She says that after the doctor's explanation she began to show response. "Lately I have had that feeling. I was ashamed to tell him."

At forty-seven she returns with the meatus red, "I must have had that sore place for years. I am a different woman since you treated me and talked to me. I used to be disgusted when he came to me, I couldn't endure him."

She does not remember shock. . . . "I was always ashamed even of my mother talking of another woman having a baby, never could bear to have her ask me if I was unwell. I would say yes, and run away, I was ashamed to have her know it. When I was pregnant, I was ashamed to tell her. My husband had to." She has prepuce stripped again, a little erotic at examination. Feeling is now not strong but pleasant.

*Case 183.* The wife of a skilled artisan comes at forty-five for dyspareunia and pruritus. As a girl she was strong and well; menstruating late regularly and painlessly; married late; no pregnancies and no contraceptives. The husband has been tired and nervous, pessimistic, hypochondriac. She has always been very small, had dyspareunia for years, has had many doctors and two operations, the second with twenty stitches. The doctor who performed the second operation told her that he enlarged the entrance, found the clitoris inverted and below it a slight obstruction which he removed. The dyspareunia has gotten on her nerves, "never the least response, it has made me a wreck. He is the most tender husband in the world, I have never told him. I was a good actress, I hid it. I thought something was terribly wrong with me." She is depressed, would brace up and then get worse, "a perpetual crying fountain" for five years. The pruritus began at marriage, never before. Now she has kraurosis



of the vulva. . . . In six months she says she is "just desperate" after twenty years of suffering; she strides up and down the floor, crying. The kraurosis is treated with pure phenol and she is instructed in its use.

Two years later she returns, has been well but still has some white areas, not so much itching but great mental depression. The husband has not approached her; he is worried but has no knowledge of her condition. She says she never was excitable before marriage. Entry was in a week or more, it hurt, she bled dreadfully and emission was instant. She had moisture, but never any pleasurable feeling, never any desire to rub or pleasure in the vulva; she never admitted hurt for for a year, always pretended, "I'm a great actress." Once coitus nearly made her faint, she was so worried and sick. . . . At forty-seven when the vulva was nearly cured she had the first desire for him. Then she got afraid of the hurt and later said, "No feeling, I don't care whether I have it or not."

At forty-eight she has moved away but writes, "Some days I think I am well then comes a week of intense itching and I am disgusted, but I am ninety-eight per cent better." At fifty, by persistently caring for the kraurosis she is able to keep complete control by pure carbolic applications.

*Case 151.* This patient was delivered at birth and seen until twenty-nine. The father was a hard-drinking financier; the mother a good-hearted society woman, delicate, and inactive. The girl was shy and frail, married a business man after a year's engagement. A year later she had aggravated vulvar pruritus, the leathery, white skin of kraurosis; salpingitis and enlarged ovary.

She is "scared to death of labor" though they use a condom as contraceptive; she has extreme dyspareunia, though the size of the introitus seems ample, 3.5 cm. in diameter; she has no desire. This is anatomical unhappiness; she was married against my protest; her family doctor sanctioned; she has the highest degree of kraurosis I have ever seen at this age; the fourchette cracks in coitus and gives pain; she had strong excitement in engagement from being held and kissed, sitting on his lap was especially stirring. At marriage there was no attempt at intromission for a month, "I would not let him near me. Nothing he can do now makes me like it." She has rare excitement, never a climax, "he would want me nearly every night. It would be terrible." . . . She volunteers, "I like risqué books." She revolted at the

Arabian Nights unexpurgated, but some book or other "really excites me." . . . The clitoris is dug out of adhesions and the kraurosis is making excellent progress. Under ordinary conditions extensive operation would have been done.

At twenty-six the kraurosis was very much improved. . . . A year later a little cervicitis, ovaritis and salpingitis; introitus three fingers, no itching any more. . . . Still later she volunteers that she does not care for him; she is indifferent, not disgusted, not interested, "never have been, nothing excites me, I wouldn't let him touch me. He wants me every other night or so. . . . I'm afraid all the time. If I was not afraid of having a baby I might like it. Even with those things he wears, I'm afraid they might break." After the fourth year she has no longer any dyspareunia; introitus is two and a half fingers. The clear kidney symptoms which she had since childhood scarlet fever persist. (I do not advise pregnancy but she goes to another doctor a leading family practitioner, who permits her to take the risk and she becomes pregnant. A very hard labor and long invalidism followed.)

*Case 523.* The patient is a fine type but has the invalid habit. She comes for menorrhagia and there follows an operation for laceration of the pelvic floor, large cystocele, suspension of the uterus, anterior and posterior colporrhaphy. A year later, fine general condition, weight rather too much, but she is overworked. She had chorea until late puberty, three years after menstruation was established, and has been tired ever since.

She was married nearly ten years ago to a very fine man, intellectual, hard working, quite innocent of how to rouse her. He is all brain, all consideration, some years older than she. She has never had any physical responsiveness, no instructions and no inhibitions before marriage. She spent months in bed after the first labor. At thirty-three it comes out that there has been no coitus for years. She has been "horribly nervous" for a year and a half, always attributed to the womb. They have separate rooms; she has always had dyspareunia. Contraceptive was douche without chemical. Coitus was very, very infrequent, she "never failed to protest."

At forty-five she returns obese, busy, high-strung and self indulgent. Behavior at pelvic examination is very erotic; introitus sharp, tender edge, less than two fingers. This means no coitus. She has some leucorrhea. The breasts are soft with small nipples, she never nursed.



She admits sexual torment which began at forty; there were first erotic dreams, rarely with climax, of adventures, the man indistinct, rarely about known individuals. Two men have roused her, one a mental interest which thrilled her without any contacts; she was afraid and cut it off; vulva was never wet and no climax. The other was many years younger, a physical attraction stronger than the other; he "never laid a finger" on her but she is sure he loved her. The husband is faithful, "I told him I wouldn't blame him if he weren't. He would come back now." He must, the doctor tells her. She says in two visits she "could not possibly." . . . She has been away with the husband, had the same physical repulsion. Any contact with him, such as breast or bare skin, revolts her. She cannot make the bridge between desire and him. She thinks the inhibition is because of gross neglect of her mother by her father when she was small. Her mother railed against men, made her distrust them. "If I had had the feeling I have now when I was first married I would have thrown everything to the winds to be satisfied." . . . She has dreams and feelings that she represses, believes a younger man would rouse her. She has a friend, strongly sexed and emotional, whose husband has had no desire for a year. The wives may influence each other to revolt and unhappiness.

She goes to the country without husband for several months. Returning with a mild vaginitis, she goes over the same ground, reverting to the fact that she was brought up, "to believe men were devils." She has no torment now, "I control my mind. It would be easy for me to let go. I never allow it at all." Under these conditions the vagina is four inches posterior and one and a half anterior reach; the vestibule is rounded, purplish, swollen. The projection of the clitoris is that of a tiny string with an excursion of 2.5 cm. There are signs of former auto-erotism; introitus is less than two fingers therefore coitus is unlikely. She is free about exposure but not erotic at examination. She loves dancing and automobile; walking exhausts. . . . The heart is weak and she is under the care of a heart specialist.

At forty-nine she says there is no torment now; no arousing, "I could be, but not by my husband." The hymen is very sharp and sensitive at two fingers, two joints. At fifty she is sunken-eyed, depressed and looks older; she comes for bladder irritability; the vulva is somewhat erotic in appearance, no shrinkage of the labia. She began but did not continue treatment with a psychiatrist.

*Case 538.* A professional man's daughter, impulsive and lovable, is seen when single at twenty-one for dysmenorrhea. . . . was brought up by maladjusted parents.

She was strong, hearty, impulsive, hard working. Menstruation began on time regularly, no pain formerly, now agony, since eighteen. She used to suffer all day then dance all night. She has a displaced ovary; fissure of the anus; the uterus is dropped forward and excessively tender, there are some signs of auto-erotism.

The first child came after a long labor but no forceps. The second child was an easy labor, no stitches and no doctor. Soon she is suspected of tuberculosis; therapeutic abortion. Some years later the third child was born after a quick labor. Later she says, "It is funny women make such a fuss about children. I had babies like kittens." He was a free lance, very lightly tied to his profession, who married her for her supposed wealth.

She was entirely ignorant sexually. He soon began to brag to her of his prowess with women, "I am a wonder," said he, "as much as eight finishes in one night." He was very proud of this so the wife always had revolt. She had severe pain in intercourse for a year, dyspareunia, and no response. He made it just a matter of his own gratification. "I didn't matter. He was always unfaithful." Their final break was about his free relations with their janitor's wife. . . . He finally became psychotic. Her feelings awoke between thirty and forty and she grew demonstrative; a bit gushing and childlike, though sincere. Men aroused her as reaction from a dull life, probably no more than a hug or kiss, just excitement.

At an age when the menopause is due she wants advice about contraceptives before her marriage to a younger man. He is a fine fellow; this is his first marriage; he has known nothing about women. She is still regular in menstruation and formerly became very easily pregnant. Also she is careless; one of her children came after use of the condom, another after withdrawal; another after a pessary. . . . A year later she has an induced abortion. She says that "Jelly stings me to death," she used it only once; "Covers are a nuisance to find," she used them two or three months, "Then it was handier not to use them." She is always excited, has a climax once in three times. . . . In another year she is obese, with over-feminine figure, is just getting over menopause; introitus is three fingers.

*Case 355.* At forty-six a husband wants annulment, saying his wife is incapable of intercourse. The wife wants a doctor's statement that



this is not so. He says she has immoral relations with women, can't with men. (She has not told her lawyer this.) He is an engineer, drinks to excess, comes in at three and four o'clock in the morning.

As a girl she was very strong; menstruation early, regularly, without pain; married at forty. There has been no pregnancy and no prevention except immediate douche. She has had a possible pyelitis, now a mild chronic metritis, retroversion, short vagina, two and a quarter inches posterior by two inches anterior reach; meatus small and reddened; introitus two fingers sharp. No coitus in over two years.

After three or four attempts, with vaseline, he was able to enter on the bridal night. She bled quite a little then and the next night, and coitus hurt for the few days they were together. Then they were together in the country every second week end, having coitus two or three times. It got so it didn't hurt. "Yes, I did have my natural pleasure that summer. He seemed satisfied then. In the fall when I came to town I said it hurt, but I made no fuss. He got mad; said I was no good, so he stayed away months. . . . He was coarse but never cross. In the early days we came (finished) together. Sometimes he is all right. He had a hard time getting an erection sometimes and blamed that on me, everything was my fault. He said I yelled every time he came near me. The second winter women called him on the telephone. . . . I do miss married life exceedingly. He used to think one of the most pleasant things was my being small. Later he used to say I was too small. He would scold me so and frighten me so it drove my feeling away. If you knew what I have gone through with missing him. I have often coaxed him but he would not have intercourse. I have lowered myself by coaxing; now he says it is my fault. I could not coax him even when sleeping together. . . . Now he wants to marry someone else. I have been most careful with other men; he doesn't accuse me." . . . He drank hard and smoked hard, at the time they gave up coitus. In another month he withdraws his suit.

*Case 12.* A lean, athletic woman, cultured, attractive to both men and women, has a fierce aversion to intercourse though married. The husband is a quiet man, may not be fully potent.

As a school girl she had regular menstruation without pain. The vulva is small, levator strong, at times inflammation of the fossa navicularis. She became engaged only on his solemn promise never to approach her. She has a loathing at the idea of the sex act, at the

sight of male genitals, and can state no reason, either an event or teaching or reading to account for it. She is an excellent actress and seems to like to discuss sex experience and to approach as near as may be to the sexual act with many men providing their personality pleases.

Two years later she complains of itching of the vulva and is told that it is sex starvation, a form of abnormal sex feeling. She is leaning toward the normal. She says that with one man she delighted in making him excited and even went to mutual handling. A year or two later she offered him coitus but he declined. A year or two later she says, "I was tired of hearing you say I had a silly trick in my brain so I put my will into the relaxing process. I still think I have missed no pleasure all these years."

At forty-five she is said to be receiving the attentions of another man to such an extent as to cause gossip. The cause of the original inhibition was never discovered.

*Case 987.* At thirty-seven the wife of a professional man, very intelligent and in good general health, married many years with several children, is referred by a psychiatrist for dyspareunia from the beginning, unrelieved by childbirth.

She is nearly average height, light weight. Menstruation has always been regular, six napkins in all, slight dysmenorrhea. All the children were premature. Contraceptives have been chiefly withdrawal, followed by douche. The vagina is short, maximum depth four inches, anterior one and a half inches with long cervix at right angles. The vagina shows the absence of regular deep coitus, appearing as though only the lower inch is used. The levators contract very moderately to order; introitus admits three fingers three joints, in diameter an inch and a half scant (average diameter of phallus one and one quarter inches); vulva shows signs of long-ago auto-erotism; meatus admits finger tip. She is erotic at examination.

Coitus is complete, with deep penetration only once a year; sex play is twice a week; she is gratified with no inhibitions and no repulsions, never climax, except perhaps weekly in the first year. "More than half the time," she says, "he is part way in" but she insists that he strikes something and the outside muscles close. The husband comes to the office. He experiments with a glass phallus to see what happens. It is found that the muscles, on request, can hold to prevent entry but there is no discomfort at all with lubrication; he thinks lubrication unnatural. She thought of it herself after they had been



married seven years because she was never wet enough for entry. In coitus she is habitually on her back and he lying over her, at an angle. Glass test tube, if going deeper to the left, hits the cervix.

After a month she reports a steady and slow improvement; with lubrication she has no discomfort at all and once out of four times it is all right without lubricant. There is no increased desire before or after the period; she has no longer a feeling that he strikes something. . . . She says that she has never had a full climax, "Except once when I wanted a baby; we had no hold back." Any position is all right now but there is no improvement in feeling; it is pleasant but no more. "I think, knowing what I do, starting fresh, or with a new husband, I could respond fully. It is ten years too late."

This was in the spring, in the summer she says she has more interest, wet a little a third of the time, any position. She prefers rear entry or lying on the side; she dislikes the usual posture as a posture but it hurts the least; she is sitting across his lap occasionally. "It seems impossible to me that I can be the same woman. Now that there is no danger of pregnancy. . . ." The psychiatrist has been able to do this.

In the following winter she says she has no better feeling than the year before, that is, no climax but she is sure progress has been made. It became all right after the doctor's advice and there is now no discomfort but it is a discouraging muddle.

At thirteen her cousin put a finger in her hymen; this tore the hymen, caused pain but not bleeding. As a school girl she was engaged but was a prude; no familiarities. At seventeen she was told about the hymen and was horrified lest she not be virgin; she never told the husband about the tear of the hymen. She learned the deep kiss at engagement but had no other familiarity then. Now she likes him to handle the vulva, but does not like the breast kiss. Once, a year ago, she touched his genitals; it made her sick, nauseated, disgusted and upset for two or three days. The wetness of semen disgusts her. They were never naked, until it was suggested to them; they have never been in the bathroom together, the husband's mother made all these things taboo to him. (She says that her mother-in-law had several children; then denied the husband entirely; he stayed faithful for a life time.) Coitus is once in ten days, but both would be ready for a life time.) Coitus is once in ten days, but both would be ready two or three times a week. Now that nothing hurts, they have tried variety, it is interesting but only mildly exciting. "He minds that I respond so little; he has powerful orgasm."

PART THREE  
THE AFFIRMATIVE

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## CHAPTER X

### ADJUSTMENT IN MARRIAGE

*THREE-hundred-and-sixty-three women who have the same general character and living conditions as all the others, but who make no complaint about marriage, are compared with those who are maladjusted, especially in regard to fertility and sexual experience. By such measure this group and others amounting to more than half of the whole number of cases seem to have resolved their mental conflicts. While they have some of the ill health and unsatisfactory sexual conditions alleged in other cases to cause maladjustment, they are more fertile, more objective, more acquiescent to life. Case histories show wide variation in age, social status, length of marriage, number of children, and degree of passion.*

THE PORTUGUESE SONNETS were written before Mrs. Browning's marriage and the "Divine Comedy" after Beatrice's death. Happiness writes no story.

All that we know spiritually of some of these patients is that they said nothing. Without going so far as to assume that this silence is a creative manifestation of the art of marriage, it must be observed, conversely, that the loquacious are least able to find creative renewal with the husband. To call this group of patients "well-adjusted" or "normally adjusted," as the converse of various stages of maladjustment, is impossible. No one knows what normal adjustment is and it would be impossible to maintain that any adjustment or maladjustment lasts. Furthermore, it is not known that they are adjusted with satisfaction to marriage, but only that they do not say they are not. The definition therefore assumed is that during the period of observation these couples were "adjusted without complaint" against marriage. The list includes, however, those exceptional cases who have accepted as mandatory sexual relationships which cause deep unhappiness, although they say they are satisfied with the total aspect of marriage.

To the three hundred sixty-three thus defined, one hundred forty-eight from the control group may be added and another hundred cases of widows or brides, making about six hundred out of the thousand. This means that three in five are "without complaint."

The first question is, what have the adjusted and maladjusted wife in common—what is their likeness? They appear entirely similar in the externals of personality and environment.

#### GENERAL CHARACTERISTICS

In social and economic status the data available for 214 cases show the usual predominance of well-to-do and professional people:

Wealthy and well-to-do.....	38
Professional.....	113
Business.....	37
Skilled trades.....	14
Unskilled labor.....	9
Very poor.....	3

The physician notes that twenty-five of these patients went to college, and of about sixty-seven that they are cultivated, intelligent and of fine character. About twelve he makes unfavorable comments to the effect that they are self-centered, querulous, exaggerating and childish.

Thirty-eight women furnish the only exceptions to the usual American type; fourteen Jewesses, three French and three Armenian women, two each from Russia, Syria, Norway, Germany and Italy, one Negro, one each from Serbia, Switzerland, Spain, Portugal, Sweden, Japan and England.

#### LENGTH OF OBSERVATION PERIOD

While the average woman was observed for a shorter time than usual, a third of the 315 for whom data are available were observed for more than three years. In five year groups they were as follows:

Under one year.....	154
One-four.....	56
Five-nine.....	46



Ten-fourteen.....	19
Fifteen-nineteen.....	20
Twenty-twenty-four.....	9
Twenty-five-twenty-nine.....	4
Thirty and over.....	7

TABLE XIV

AGE OF WIVES ADJUSTED WITHOUT COMPLAINT. FIRST VISIT (315 CASES)

Years Old	Cases	Years Old	Cases
16	1	40	10
17	3	41	6
18	1	42	7
19	5	43	3
		44	4
20	4		
21	9	45	3
22	8	46	2
23	12	47	2
24	20	48	3
		49	3
25	18		
26	14	50	3
27	14	51	2
28	16	52	3
29	17	53	1
		54	1
30	15		
31	14	57	3
32	15	58	1
33	11	60	2
34	11	62	2
		63	1
35	11		
36	7	65	2
37	6	66	1
38	7	—	—
39	10	70	1

## AGE AT FIRST DIAGNOSIS, MARRIAGE AND FIRST BIRTH

The median patient was thirty-one at the time of first observation. (Table XIV). The median age at marriage was twenty-five years. (Table XV). In the median of 127 known cases, in which age of mother at first delivery ranged from sixteen to

forty-two, the first child was born when the mother was twenty-six.

## HEALTH

Almost half of these patients first came to the doctor for a problem connected with pregnancy or sterility. No other group has quite so high as 46 per cent coming for initial problems of child-bearing; maladjusted groups vary from 33 to 41 per cent in

TABLE XV  
AGE OF MARRIAGE OF 253 WIVES ADJUSTED WITHOUT COMPLAINT

Years Old at Marriage	Wives		Years Old at Marriage	Wives	
	Each Age	Five Year Group		Each Age	Five Year Group
16	6	33	30	12	29
17	6		31	4	
18	9		32	7	
19	12		33	3	
		103	34	3	9
20	15				
21	18		35	1	
22	18		36	3	
23	27		37	1	
24	25		38	2	
			39	2	
25	27	76			2
26	15		40	1	
27	19		42	1	
28	11				
29	4		47	1	1

having this as the first contact. Sixty wives came in pregnancy, twenty-seven for postpartum care and eighty for sterility.

*Menstruation* began at thirteen in the median girl of 170 cases reporting and the range of years is from ten to nineteen. Two hundred women make no functional complaint and 163 have difficulty with menstruation:

Dysmenorrhea alone.....	67
Dysmenorrhea with menorrhagia.....	34
Dysmenorrhea with amenorrhea.....	7



Amenorrhea alone.....	28
Menorrhagia alone.....	20
Amenorrhea, alternating with menorrhagia.....	1
Irregularity in period.....	6

This is a little more than the typical third reporting menstrual trouble.

**NERVOUS BALANCE.** Accounts of family pathology occur ten times; four times in connection with women in poor health. There are six cases of insanity "in the family," one drug addict, two alcoholic, one mother who committed suicide.

Ten times we know that husbands are in poor health—but it is the sick husbands of healthy wives that we hear about. The sick wife rarely admits a sick husband. One husband has melancholia, has been in an institution for awhile; another is a "hypochondriac;" two have had tuberculosis, five are having treatment for gonorrhea, one has chronic prostatitis.

The data about the soundness of the patient's nervous constitution are that 86 are known to have had good general health and 130 more presumably were in good health, since there are no judgments to the contrary; 107 were called below par and 40 had serious nervous unbalance.

The 30 per cent called "below par" were always asked about family pathology; only three of them affirmed some family difficulty. They had thirty cases of nervousness—ten extreme cases and twenty more moderate forms. Twenty-eight were obese; that is, too stout for a given height; twelve of these women of not more than average height weigh 200 lbs. or more. Twenty-one were delicate, eight were depressed, irritable, wakeful, fearful, hyperaesthetic.

\*Eight had anemia; four had tuberculosis formerly; three were neurotic; two had "fits" of some kind formerly; deformity, bad hearing, exophthalmic goitre were each reported once.

Of the 11 per cent having serious constitutional unbalance, twenty-two are neurasthenic and eight more have had nervous breakdowns; five are neurotics, hysterical, fearful and depressed; three have melancholia and two more approach mental unbalance.

No difference in the age of beginning menstruation is observed between those having good health and those not having it.

A comparison of the various grades of health with the degree of menstrual trouble show that of those in good health, 35 per cent reported menstrual trouble (216 vs. 76) while of those in the two degrees of poor health 60 per cent (147 vs. 87) have trouble. Of the seriously impaired group of forty women, twenty-nine have difficulty. Twenty have pain, five have excess, two have scantiness and two irregularity.

TABLE XVI  
GENERAL HEALTH OF ADJUSTED WIVES AND OCCASION OF FIRST VISIT  
(307 Cases Out of 363)

Problem Presented at First Visit	Total	General Health and Nervous Balance			
		Good		Poor	
		So Recorded	Nothing to Contrary	Below Par	Constitutionally Impaired
Total cases.....	307	75	113	83	36
Childbearing.....	167	43	62	48	14
Pelvic disorder and defects.....	120	26	40	34	20
Marital Problems.....	20	6	11	1	2
Per Cent Distribution					
Total.....	100	24	37	27	12
Each Class.....	100	100	100	100	100
Childbearing.....	54	57	55	58	39
Pelvic disorder and defects.....	39	35	35	41	56
Marital Problems.....	7	8	10	1	5

Arranged by health groups the facts are that the more healthy woman originally came for childbearing and the more sickly for local inflammations and functional difficulty, as shown in Table XVI herewith.

A more detailed study of the inflammations together with the ante flexion and retroversion found at the same time with nearly half of them shows sixteen cases of salpingitis, sometimes with oophoritis or metritis; sixteen of cervicitis, often with metritis;



eight each of vaginitis and short vagina, usually with retroversion, metritis, mastitis and pruritus; five each with pelvic peritonitis, ovaritis; four of cystitis or trigonitis; three each of endometritis with cervicitis together with scattered cases of prolapse, ovarian cyst, fibroid, cancer, tubercular meatus and infantile vulva.

While these patients were under observation ninety-four of them had pelvic operations. Thirty of the women below par nervously had them. Sixteen of the seriously impaired, or about one third of those classified as not in good health also had operations. These figures may be compared with operations on 22 per cent of those rated as well.

There is no difference between groups in the type of operation. Hysterectomy, leaving the ovaries save in exceptional cases, appears twelve times, with postpartum repairs thirteen, and salpingectomy eight times. There is only one case of a double oophorectomy and that was for cancer.

#### FERTILITY

This is the most fertile group. The total per capita fertility is 2.27 pregnancies and 1.61 children delivered at term. The small groups of 100 frigid, 100 maladjusted women, etc. can not be compared with it except by percentage; but if we compare all maladjusted with all adjusted, the latter is still the more fertile.

Excluding forty-eight women because of inadequate data, the details about the other 315 are shown in Table XVII. Among these, 101 are counted as sterile, in that they had not at that date produced living children; we also know that eighteen of the forty-eight not counted were recently married and had had no children. We infer that some of the remaining thirty-three women were not parous since no children are recorded in their histories. In the case of women of childbearing age it would be nearly impossible for the doctor to omit asking about numbers and ages of children; and even in those approaching old age, there is likely to be a record of the total number.

Data are in terms of total pregnancies, abortions and children delivered at term. Because of inadequate data, no separate account is taken of still births, neo-natal deaths, or later deaths.

TABLE XVII  
FERTILITY IN WIVES ADJUSTED WITHOUT COMPLAINT  
Pregnancies, Abortions, Deliveries at Term in 315 Out of 363

* Wives Reporting	Wives	Pregnancies	Deliveries at Term	Abortions	Abortions per Capita						
					1	2	3	4	5	7	9
Grand Total .....	315	718	511	207	67	18	12	7	3	1	2
No Pregnancies .....	72	—	—	—	—	—	—	—	—	—	—
Involuntarily Sterile .....	65	—	—	—	—	—	—	—	—	—	—
Nine months to three years .....	17	—	—	—	—	—	—	—	—	—	—
Three years plus .....	48	—	—	—	—	—	—	—	—	—	—
Voluntarily Sterile .....	7	—	—	—	—	—	—	—	—	—	—
Total with abortions only .....	29	50	0	50	20	4	2	1	1	1	0
Total with deliveries at term .....	214	668	511	157	47	14	10	6	2	0	2
One .....	84	121	84	37	17	3	2	2	0	0	0
Two .....	48	136	96	40	14	2	3	1	0	0	1
Three .....	39	148	117	31	7	3	3	1	1	0	0
Four .....	20	96	80	16	3	5	1	0	0	0	0
Five .....	12	74	60	14	3	1	0	1	1	0	0
Six .....	6	49	36	13	1	0	1	0	0	0	1
Seven .....	3	26	21	5	1	0	0	1	0	0	0
Eight .....	1	8	8	0	0	0	0	0	0	0	0
Nine .....	1	10	9	1	1	0	0	0	0	0	0

If these patients are studied for fertility near the close of the reproductive period—after forty, they average about two and a half pregnancies per woman, and these are the figures:

Age	Number of women	Number of children	Number of abortions	Number of pregnancies
Before forty .....	207	249	109	358
After forty .....	129	226	92	319 "
Age uncertain .....	27	36	5	41

This means that pregnancies before the fortieth year are here represented as 1.73 per capita, children surviving birth as 1.18. After forty, assumed as the close of the childbearing period, the figures are 2.48 for pregnancy and 1.70 for children. If we did



not count the sterile women of both groups, the actual fertility of those who bear would appear increased by almost a child apiece.

Using the classification of nervous balance devised in earlier chapters, in order to compare the possibilities of motherhood between the four health groups, the data, including all those who are believed to be sterile, are re-arranged, upon a slightly different base, so that the figures vary a little, as shown in Table XVIII.

TABLE XVIII  
FERTILITY AND GENERAL HEALTH OF ADJUSTED WIVES  
(334 Out of 363)

General Health and Age	Patients			Pregnancies			Per Capita			
	Total	With		Total	Results		Whole Group		Fertile	
		No Known Pregnancies	Pregnancies		Abortions	Live Births	Pregnancies	Live Births	Pregnancies	Live Births
Total, all ages.....	334	111	223	681	202	407	2.04	1.22	3.05	1.83
Total, Before Forty.....	206	77	129	362	111	251	1.76	1.22	2.81	1.95
Total, After Forty.....	128	34	94	319	91	228	2.50	1.78	3.40	2.43
Health good.....	190	62	128	340	102	238	1.79	1.22	2.67	1.86
Before Forty.....	130	47	83	201	53	148	1.55	1.14	2.43	1.78
After Forty.....	60	15	45	139	49	90	2.32	1.50	3.09	2.00
Health poor.....	144	49	95	341	100	241	2.37	1.68	3.59	2.54
Before Forty.....	76	30	46	161	58	103	2.12	1.35	3.50	2.24
After Forty.....	68	19	49	180	42	138	2.65	2.03	3.68	2.82

Comparing nervous balance and fertility, it appears that the two groups of women in less than good health had at the age of forty or over, a rate of fertility higher than the grand total for the group. Their pregnancies were 2.50 and their living children 2.00. The members of this group under forty have 2.10 pregnancies and 1.35 offspring. This is less than the total average fertility, but it exceeds the reproductiveness of the total before-forty age group. But this must not be taken too seriously since only 76 in a total of more than 207 "before forty" are concerned.

The two good health groups attain 1.59 pregnancies per capita (1.14 children) before forty and 2.31 pregnancies (1.50 children) afterward. The greater fertility here is to those somewhat impaired in nervous constitution.

Reports on abortions both spontaneous and induced are surely incomplete. The records contain mention of a number of induced abortions of long ago, but only one current discussion of the issue. A professional man and his wife, who had originally intended to have five children, had a reduction in circumstances which decided them not to add to their three. After this, by the accident of a broken condom, the wife comes in the third month of pregnancy asking for abortion on economic grounds. This abortion was refused but the patient reports later that someone else performed it.

#### CONTROL OF CONCEPTION

This better than average fertility is concerned with women whose relationship to the doctor is largely a technical one, on some phase of childbearing, and with whom birth control is a major issue. The study turns to the attitude of the patient toward the spacing of her children.

Upon figures covering different groups of replies one can not construct a median. A crude estimate is that the typical couple had been married five years, had two children, and had had coitus on an average of twice a week. Assuming for any couple a total of 500 matings in the five years this means that in the non-pregnant period about 350 involved the question of conception. The intention to control conception seems universal. The histories are full of attempts to control it and efforts to discover improved methods. We know, further, that at least sixty-five others, and probably more, were involuntarily sterile.

The collective fact is that a large number of couples depend on the condom, the douche, and withdrawal, ordinarily used in some combination. The continued use of one contraceptive over a long period is rare. This must mean a lack of confidence in the method, an accident, a fear of accident, and handicap to pleasure—or some other motive for change. As shown in the chapter on Fertility, control seems to be, on the whole, successful



Practice in contraceptives is told for 153 couples, and may be thus summarized:

No contraceptives used .....	20
Contraceptives usual, no particulars .....	24
Condoms are used .....	43
a. Exclusively .....	16
b. With douche .....	18
c. With withdrawal .....	5
d. With suppository .....	8
e. With b. and c. ....	4
f. With safe period and b. ....	3
g. With pessary and c. ....	2
h. With b. d. and c. ....	2
i. With jelly .....	2
j. With sponge .....	2
k. With mushroom stem .....	1
Douche (medicated or plain not specified) .....	42
a. Exclusively .....	24
b. With withdrawal .....	8
c. With safe period .....	5
d. With suppository .....	2
e. With b. and c. ....	1
f. With d. and pessary .....	1
g. With c. and d. ....	1
Withdrawal exclusively .....	11
Pessary .....	5
Suppository .....	4
Jelly and sponge in vinegar .....	2
Intrauterine stem .....	1
Safe period .....	1

The gross data mean very little especially as results are not shown. A collection of data about conception from mothers, beginning with those having the largest families and going down to those who have had abortions only, will show a great variety of methods and varying results. For this series they run as follows:

A woman of forty-five who has had six children and nine abortions always waited till ten days after menstruation and followed coitus with a douche.<sup>1</sup> A second, with twelve pregnancies, says

<sup>1</sup> Plain water douche is to be inferred, when not otherwise stipulated, though we call it not-specified. The patient habitually says that she takes it immediately after coitus. Questioned as to time, it may be that the delay is as long as half an hour.

she never conceived in the ten days before a period—but her first child came as the result of experimenting in what they supposed was the safe period<sup>2</sup>; the fifth child (deliberate) was conceived when a single coitus followed two days after the close of a period.

At forty-nine the mother of six children says she is "always scared" because the fourth child was conceived in spite of a suppository. In two families a fifth child followed a broken condom. Twenty children concerned in four families were conceived deliberately: In two of the cases condoms, in a third case a douche, in a fourth a sponge and vinegar, had been satisfactory contraceptives. A woman who had eleven pregnancies used as contraceptives a "condom, a bichloride douche and holding off." . . . One pregnancy in a patient having seven, followed withdrawal. Another with six had conceived the fourth child, in spite of wearing a pessary and taking a soda douche at once. . . .

A woman of sixty says that her first child came from the failure of a douche, the second from the failure of withdrawal; the third was conceived in the first month she left off contraceptives, the fourth on the sixth day after menstruation. . . . Another patient says "The first was intended; the second was withdrawal, the third a lysol douche." . . . Other reports are: "The fifth was a boroglyceride suppository." . . . "All four children came from a single coitus without contraceptive." . . . "Withdrawal was used until thirty-five, then a condom three years;" this was adequate protection; the mother had seven pregnancies.

In families with a total of three children, these are selected illustrations of the control of conception: One very fertile woman had one child in spite of the use of a sponge and a douche. After that for nine years he used successfully a rubber condom, kept in ten per cent boric acid solution, he now uses a skin cover in four per cent boric. In a second case all three children came in spite of a douche taken immediately, sitting-up and without pressure; that is, the vulva was not held closed to distend the vagina.

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<sup>2</sup> The "safe period" is not an established fact, and the women who say they use it as a contraceptive measure are not referring to a definite time. Approximately, they refer to the mid-menstrual week, while the time of greatest relative infertility is the premenstrual week. This has only lately been determined.



Again, the first two children were conceived in spite of withdrawal and since then they used a condom. Another says "Lactic acid and douche worked three years except for the third child." They have coitus two or three minutes twice a week and she is pregnant (total, four pregnancies) as soon as control stops. Another example is that the first child was conceived although she used a whirling spray and boric acid; ever since they have used the condom. She has read in a book that it would make her nervous and comes to inquire about it; coitus is weekly, twenty minutes, with full climax. Again, the three children were intended, but an abortion was performed after a conception in spite of withdrawal. In another: "The first child was condom and the third suppository." Still another declares "Ten days wait and a douche always worked;" three children were deliberately conceived. Another patient reports that a dilute acetic acid douche has always protected; the first and second children were conceived in the first months of abandonment of this control, the third in the second month. Again, one child was conceived notwithstanding withdrawal, now in this pregnancy a medicated douche has failed; they will go back to the condom. In still another a condom wet with warm water and a douche two hours later has always been adequate; three children. One says she has had three children and one ectopic pregnancy. The first child followed failure of a douche, the second followed failure of a quinine suppository and they have since used a condom. In another instance, the third child was conceived in spite of a douche taken in the "safe period" and the fifth pregnancy began in the "safe period." . . . She is forty years old, has three children; coitus once or twice weekly, five minutes, has had orgasm only three or four times in her life and reports: "Withdrawal and safe period have been successful all our lives."

Five of the forty-eight women who have two living children report the following failures: One child was conceived in spite of a douche with listerine, at thirty-two; the second child was also unexpected, she used a suppository followed by a douche. Again, a second child followed use of a condom which broke, together with plain douche—they have also used cocoa butter supposi-

tories, lately withdrawal a year. A woman who has had two children and eight abortions says that nine of these conceptions were failures from a plain douche. Still another says the first child was conceived although they used a whirling spray, the second followed withdrawal. And again, the first child was due to withdrawal, the second came when they used old acid-and-quinine suppositories. After the first child they tried a long time to get on without entry, using clitoris friction for her climax. Now at forty-one, they use withdrawal; she is always afraid, no climax.

In families with two children and uniformly successful control, withdrawal has always worked with three couples; safe period and douche with one; quinine suppository with douche with one; withdrawal with douche with one; quinine suppository or cocoa butter with one. In those using withdrawal there are two notes that the wife does not have climax; "never strong pleasure in coitus" says one, but she can get orgasm, from nipple suction. Three of these patients are acquiring their first technical information from a physician after five or more years of marriage and three children.

Some accounts tell of much hesitation and difficulty in establishing a successful method of control. A young couple had coitus once a fortnight for five minutes; though if they had thought it right they would have had it oftener. They had the first child deliberately when the wife was twenty-nine. After the birth for seven months they had no coitus, not knowing how to prevent. At thirty-one, pregnancy from a broken condom ended in abortion. At thirty-two the second child came in spite of withdrawal—at thirty-nine she is nervous, cries, is depressed, would like to have more sex expression; at forty-four intercourse in the side position is twice a week for ten minutes.

The one child family and the voluntarily sterile also give information about contraceptives, but add no new data. The one child group contains the only record of control by an intrauterine stem (a wishbone.) It was placed by the patient's father, a physician, for a pelvis so small that delivery was problematical, and worn successfully for ten years, after which she conceived



and the stem was delivered with the baby. Here also are records of babies conceived in spite of the douche, the condom, the safe period, and the condom and douche. It contains also accounts of couples trying desperately to find out about contraceptives, three times because the wives were tubercular. "My husband will not sacrifice his health, he states himself that way, in taking care, so in the four years I am married, with the baby a year old, I have had three abortions performed on me and fear I am in trouble again. I am lucky, I can have these abortions performed on me legally because of my ill health—but isn't there anything safe?" (The wife had had tuberculosis. The husband was a widower with three young children, so that they really have four children to care for; he earned fifty dollars a week in 1928). The cases having abortions only, have histories of the same type.

Abstinence as a long continued method has, in nervous condition and maladjustment, results which may be called failure in such cases as come to the doctor. Some of the cases of sterility have never used contraceptives, others used them in the early years of marriage. No case of sterility has been traced to the contraceptive method.

COMMENT. These stories show that under the unscientific usage of average people anything may fail. There must be adaptation of measures, and instruction in details of technique.

It is to be noted that these records were taken before the extended use of the Mensinga pessary fitted the first time by a physician and combined with a jelly or before insistence on regular testing of the condom. The measurement is so often not of the efficiency of methods of contraception, but of the human intelligence. The couples who always used successfully methods which failed with others, may have been only those who could and did follow directions exactly. Comparison fails to show that highly educated couples are more successful in controlling birth instruction than the less intelligent.

Individual case histories show extraordinary mistakes. The young husband finds her "too sacred" to consider her inner mechanism or the wife thinks of herself as a tree with a solid trunk. The knowledge of anatomy of some of them is comparable with that of the early Persians.

In young college women there is frequent early resistance to the idea of birth control, feeling that it spoils spiritual union. A woman may report that the method is used exactly by rote. If, however, she says "Covers are such a nuisance to find," or "I cannot bear to wait for suppositories to dissolve," or "It makes me furious to get up in the cold to take a douche while he goes to sleep," she shows resistance to the idea which makes absolute accuracy in its execution unlikely.

Defective instruction and lack of attention to essential detail are common reasons for failure. These wives were taught by the gynecologist that the condom, for example, is an unsafe dependence: first, unless of a strength suited to the degree of male vigor in coitus; second, unless tested and lubricated; third, unless, in case of slip or break, there is available a douche, preferably medicated, and to be used under pressure; or four, unless the wife knows how to lather the upper vagina.

#### SEXUALITY

From consideration of the question of conception, we turn to the account of marital relationships with special interest in its frequency and completeness. This includes such particulars as are known about the sexual intercourse of these couples, on both the positive and the negative side, together with all other information which has to do with sex experience and expression.

For the most part these women have had experience only with one man: the husband. The exceptions are twenty: three wives have been widows and this is the second marriage. Six more have obtained divorces on grounds of infidelity and desertion; and one had her first marriage annulled because the husband had syphilis.

One woman was her husband's mistress before she was his wife. Two wives had had extra-marital coitus, not regularly, but as isolated instances; one other had coitus during engagement with someone other than the fiancé; three women had had homosexual experience before marriage; one had had an abortion at sixteen about which her husband had never known; two more had had illegitimate children. Ten in three hundred sixty-three, therefore, admitted experience forbidden either by law or by social custom.



**COITUS.** The average couple is having coitus twice a week and the detailed report of frequency by 207 couples is:

Daily or oftener.....	26
Often.....	2
Three or four times weekly.....	28
Two or three times weekly.....	45
Once or twice weekly.....	29
Once weekly.....	33
Once in one and a half weeks.....	5
Fortnightly.....	8
Three weeks.....	3
Monthly.....	7
Rarely (monthly to yearly).....	8
None (more than a year).....	13

The wife usually wants to give the impression that this frequency is the husband's rhythm. All the trend of the evidence is that coitus is in the husband's rhythm. It may be that the wife's response, about which so little is exactly known, holds an undiscovered measure of her own rhythm.

Reports about frequency, made at different times, do not agree. Twenty-three cases run like this:

Cases	First report	Second report
4	More than daily	1, none for years; 3, still daily
3	Daily	Three times a week; twice a week; once a week
2	Three or four times a week	Three times a week; twice a week; once a week
4	Two or three times a week	Two or three times daily; once or twice a week; once a week; monthly
3	Once or twice a week	Two or three times weekly; twice a week; once a week
5	Once a week	Twice a week; once a week; fortnightly; 2, monthly
2	Fortnightly	Monthly; four months.

Four more cases giving three or four reports run: from oftener than daily to daily, to once or twice a week; from four or five times weekly, to daily, to weekly; from once or twice weekly, to weekly, to fortnightly; from twice weekly, to weekly, to three times in two weeks.

In this thousand marriages about three per cent of the couples have no coitus at all. In this group, thirteen people have adjusted themselves to no coitus, again about three per cent.

Fear of pregnancy has kept several couples from mating for more than a year. One of them comes because the wife has become hysterical. Another wife has a narrow pelvic outlet and rigid pelvic floor and, after forceps and episiotomy at the first delivery, they are afraid to have coitus; conception took place when a condom broke. It had not occurred to them that it should be tested or could be lubricated. A third wife has sacroiliac joint trouble aggravated by coitus. In one case the wife weighs two hundred pounds, the husband is very corpulent and coitus is too much for both, especially him. In the case where abstinence is from fear of venereal disease, they live very unhappily.

The quantitative data are turned once more, in the attempt to compare fertility with frequency of coitus and indications of sexuality. Did the woman with nine children have as much coitus as the sterile woman? If coitus were not recorded was there any other record of persisting sexual desire?

A distribution made on the basis of frequency of coitus finds that 113 couples have coitus twice a week or more; 112 less than twice a week; and 140 give us no information. Of the latter all that is known of twenty is that they had forty-one children and twenty-two abortions, an average of three pregnancies; we also know that they were in good health. Twenty-three more are having a phase of mental conflict about sexual matters. They average a pregnancy and a half apiece. The remaining ninety-five all have verbal admissions or physical signs of autoerotic practice or both. They average two pregnancies per capita. This group of 140 about which there are no records of coitus then has 2.13 pregnancies per woman.



The two other groups have 1.90 pregnancies. People who mated from "twice a week" to "daily" or "twice a week" to "rarely" had the same number of children. Frequency of coitus then, in this group, has nothing whatever to do with the rate of fertility.

The length of time of the husband's intromission before ejaculation is known 127 times. It averages five minutes and is distributed in minutes as:

Up to three.....	31
Five to ten.....	57
Fifteen or more.....	39

The precise statements for more than fifteen minutes are, twenty minutes, 8; thirty, 8; forty, 1; sixty, 3; more than an hour, 5 cases. At the other extreme are eight men said to emit instantly. This average time of intromission is longer than that of maladjusted couples.

The question asked about length of intromission is not intended to suggest a time, it is: "How long before—etc." The first answer is "I don't know" or "at once." After being urged to consider, the thoughtful reply is likely to fall into one of three categories—"two or three minutes," "five or ten minutes" or a somewhat longer time. These data are influenced by our habits in estimating time. The patient reiterates "five," "ten," "five to ten," but is not responsive to fixing the time as six, seven, eight or nine minutes. In this list only one woman does so; she says "seven minutes."

The wife talks about orgasm in 164 cases. In the total of 100 who have it, four have from two to six orgasms to the husband's one; and ten have it after him by clitoris friction. Thirty-four more have orgasm "sometimes," not as often as the husband; ten have it rarely; and twenty have never had it. Again the proportion of wife's climax is higher than in maladjusted couples.

There are two women who hear first from the gynecologist that there should be a climax. Another says that she first got it after six months of marriage, another got it after the first baby when she had been married a year. Two more had vulvar feeling for six months, but it then became vaginal; three have vulvar

feeling only, five have no feeling inside, one says feeling is diffused, not chiefly genital. Five of those securing orgasm can do it only if they are on top.

About the twenty who have no orgasm, we list the age at which this statement was made, following it with the age at marriage. This enables the eye to see at a glance, that this condition was among young people and had continued for a long time:

21 since 17	34 since 24
23 since 19	34 since 32
28 since 22	36 since 26
28 since 26	36 since 27
28 since 26	36 since 28
29 since 20	38 since 28
31 since 26	40 since 27
31 since 27	42 since 22
33 since 28	42 since 23
34 since 24	43 since 24

If the statement about orgasm is true, these women have experienced weekly or bi-weekly coitus from two years to twenty years (a thousand times) without climax.

It is also to be recalled that sixty-four wives reported orgasm as difficult, or rare. This factor inclines toward the negative side. If a test of adjustment is the complete cycle of coitus, cases should be observed for those who have an incomplete cycle, yet still get along in marriage. What else is known about their mating intervals?

The wife in talking about coitus frequently expresses herself very definitely as to emotional reaction. Among the sixty-four who have difficulty in orgasm, there are fifty comments about their general reaction:

Passionate.....	17
Pleasurable.....	5
Slow, weak response.....	10
Indifferent.....	5
Dislike.....	5
Pretense.....	1
Neither satisfied.....	1
Used-up afterward.....	6



This accounts for twenty-eight cases in which sexual intercourse is not satisfactory to the wife. Her attitude in a sequel of cases is phrased as: she has "always held off." . . . "I dislike him in this way, he hurt my pride." . . . "I dread all extremes." . . . "I am more interested in his climax." . . . "I am tired of it now, I was formerly responsive." . . . "I have had feeling but it is going." . . . "I began with disgust and in three years have had desire only once."

With one exception, a complaint of roughness, the husband is always described as tender and considerate in coitus. Two are impotent men and seven more have semen which has tested as defective. Fourteen husbands have had gonorrhea and all but one of the wives had contracted it. One husband had syphilis; one more drank, four more were technically unfaithful.

In connection with slowness of response in coitus, thirty-four women have told what they think their feelings of inhibition are: seventeen had fears, thirteen were wrestling with morals, four had repulsions from nakedness and genitals. The fears are usually pregnancy, fears of labor, of death and of not wanting children. The others talked this way: "We won't put love down to that." . . . "I would never ask for it." . . . "No woman wants it as much as a man." . . . "No good woman would, she would be ashamed to give way." . . . "Passion is animal, but I never refuse him." . . . "He wants wrong things." . . . "There is something wrong in sex pleasure." . . . "I revolt at physical contact." . . . "I can not touch his genitals." . . . "No nice modest woman would." . . . "Gratification is wrong." . . . "Sex feeling is wicked." . . . "He never saw me undressed."

These sound adverse and unhappy comments. It may occasion surprise that the wife makes them and also makes some to be quoted subsequently. One of the wives gives a possible clue to the situation when she says: "We won't put love down to that." She and her husband agree that coitus is "putting love down." Her attitude is the complement to his attitude and together they make a unity. If, for example, she "Would never ask for it," it must be conceded that perhaps he prefers to do the asking. If she thinks "Passion is animal but I never refuse him,"

their idea may be that it is all right for a man to be passionate, and that the woman's function is compliance.

The husband's specific inhibitions are told only about a dozen times. They are exactly the same as those of the wife. There are eight who say: "Intercourse is only for having children." "Nakedness." . . . "Fear of pregnancy." . . . "Unwillingness to let me touch his genitals." . . . "I have never seen him undressed." . . . "In the twelve years of marriage, we have never been in the bathroom together." . . . One man cannot originate sex approaches. And, "I did not know," says a professional man twenty-seven years old, "that entrance is necessary."

The histories of women who are not satisfied in mating sometimes have accounts of sexual shock. Of sixty-four women, not fully satisfied, one quarter furnish reminiscences of fear in which a male or some sexual connotation figures.

There are sixteen accounts of sexual shock—if we include fright at menstruation. Three were in childhood at six or seven or eight years old. One child was attacked by a man who was drunk; with one, a little boy had anal coitus, another was terribly frightened by hearing of birth. In adolescence, three women were greatly upset at first menses. "It was terrible, I have never gotten over it, can remember it now." Another was seduced by a man at sixteen, another was made afraid by her father's caution not to let boys touch her, a third could not recover from the blow of her father's death. In marriage, there are three reiterations of shock at the early marital relationship:

Fifteen of these patients were in the twenties, seventeen in the thirties, four in the forties, three in the fifties and the other of unknown age, when they became patients; this establishes them as a group rather young. Are they having active coitus? The facts are that one of them was having no coitus; four more, all parous, were having it from once in ten days to monthly; twenty-four more had it once a week or oftener, as follows:

Once a week, (one has dyspareunia).....	2
Once to twice a week.....	3
Twice to three times a week, two have no climax.....	11
Every other day.....	3
Daily, (one has no climax, another rarely).....	4
More than daily.....	1



Then their feeling dating from sexual shock, did not prevent somewhat active sexual habits.

Insofar as the records permit, the forty women who are seriously impaired in constitution have been studied to see if sexual unhappiness were piled up there. It was not; they furnished only about proportionate difficulty.

**AUTO-EROTISM.** The discussion on coitus in the adjusted was based on 207 reports of frequency, but this number does not cover the total number of couples. Those remaining should be scrutinized for evidence of sexuality. This brings up the point of sexual experience with the self. In one quarter no evidence is recorded. About 118 others there are such indications as:

Vulvar auto-erotism.....	70
Vaginal auto-erotism (signs).....	25
Mental conflict about sex.....	23

The majority of the total number (363) is supposed to have been auto-erotic at sometime, perhaps formerly. Two hundred and fifty-four of these patients have entries about auto-erotism, Since absence of entries indicates that no signs were observed, this may be presumed to mean approximately that two-thirds of the group practiced it for a considerable period and the other third did not. Such proportions would agree with statements by the women in the Davis series. The tabulation which follows lists chiefly indications of methods in 254 instances:

No signs of auto-erotism.....	3
Signs of vulvar practice formerly, not now.....	21
Signs of moderate vulvar practice.....	112
Signs of extreme vulvar practice.....	42
Signs of vaginal practice.....	58
Signs of urethral practice.....	11
Signs of urethral and vaginal practice.....	7

In patients who say that marriage adjustments are normal questions about auto-erotism are not asked as they might be if the appearance of the labia so prompted in maladjusted cases. There are notes of twenty-one admissions and explanations of method which include all the cases by urethra and seven by vagina.

When the data made it possible active cases of auto-erotism have been compared with coitus. Of 154 women with vulvar signs of auto-erotism records of practice in coitus are available 107 times. Sixteen couples say that they have coitus daily or oftener; twenty-nine have it from two to four times a week, thirty-five once or twice a week, twelve once in ten days to once a month, six have it rarely and nine have practically none. It might be maintained that the husband's contributions of clitoris friction could cause the physical signs—but admission of self-relief is very common in some of these. Twenty women had after labor the uninjured introitus, and excessively elastic hymen and fourchette, which go with a preceding vaginal auto-erotism practiced to the limits of distensibility.

Thirty-seven of these 154 wives had some sexual difficulty—sixteen never had orgasm, three had it rarely, three were frigid, one had pain at coitus, ten had trouble getting orgasm because of withdrawal, five women could succeed only by being above. All the cases of difficulty in orgasm are here. Two women had been divorced before the present marriage.

Of eighteen women indicating vulvar and urethral auto-erotic habits, six are accustomed to withdrawal in coitus, three have little gratification, one is depressed, another has neurasthenia.

The fifty-eight notes on vaginal distensibility contain four patients who rarely have coitus and two who have it once a month. But it also contains just as many having it daily, five having it every other night and eleven once or twice a week.

In the last cases, it is believed that the circumference of the stretched introitus is greater than would be caused by the penis, even when frequent vigorous coitus, or the more or less permanent dilation left after labor, and lacerations and prolapse, are excluded. Twelve women with unduly large vaginal orifice are nulliparous, the others have had from one to five children. Three of the nulliparous women have had nervous breakdowns and ten others are marked "very nervous," "neurotic" or "neurasthenia."

The moral aspects of auto-erotism rarely come up in this group. It either has been or has not, is or is not, without much discussion. The sole admission may be the woman's statement that she has to



help herself after the husband has withdrawn or she would not have orgasm.

#### LIKENESS TO MALADJUSTMENT

The substantial facts are that social and educational standing, and health, do not vary as between records of adjusted and maladjusted wives. The evidence of auto-erotic experiences before marriage is quite the same. Fertility, and response to sexual life in marriage, show some, but not spectacular differences.

But the conjunction of ill health, of other disappointments and of those painful situations which detract from happiness and vitality, occur here just as elsewhere. These stories are limited fragments as compared with the narratives of maladjusted wives. Their telling developed casually in some other connection, they were not asked for. Nevertheless, to indicate that the roots of possible maladjustment exist, a list of situations inherently difficult, usually with the rebuttal which shows the trouble has been assimilated, follows:

The first group of incidents takes place altogether in women who are sterile: . . . She has at twenty-four evidence of auto-erotism, an old anteflexion, small uterus, always periods of amenorrhea, once for as long as nine months, coitus is from nightly to once or twice a week; she has often one or two vaginal climaxes, her desire is as strong as his after four years of marriage. . . . Coitus was once in seven or ten days—he with quick emission, semen infertile—she, at twenty-nine, with poor response, apathetic. . . . She had no care at periods, was not told of menses by her Scotch, mid-Victorian mother.

She was auto-erotic, had no instructions before marriage, they have been sterile five years, his semen is worthless; coitus is twice a week with climax for her. . . . After eight years of marriage she is still sterile; he is sterile and her tubes, closed; coitus is once or twice a week, five to fifteen minutes, with wife's orgasm. . . . She has suspicious chronic salpingitis and closed tubes, coitus once or twice weekly with climax. . . . He has had gonorrhea, the sterility of five years is his fault.

Coitus is weekly with full response, but he could go three months

without it, he has no strong feelings. . . . He is a broker, drinks every day, has told her while away from her on a trip he caught gonorrhea, they are sterile, but she is very passionate, "I'm crazy about him, I wear him out, I want it every night. There is no one else." . . . She admits vaginal auto-erotism every night but coitus is four times a week. He has no desire, quick emission, will not caress her; salpingitis, several attacks of pelvic inflammation, he is not fertile, sterility for seven years.

She has dysmenorrhea, retroversion, auto-erotism, gonorrheal salpingitis and peritonitis, sterility of six years. . . . A stout woman with amenorrhea, sterile four years, has gonorrheal salpingitis. Coitus is once a month. Her chief interests are in her "social duties—luncheons, dinners and movies." . . . She is perfectly well, auto-erotic, with dysmenorrhea before marriage; coitus four times a week with climax, his semen without sperms.

From reading Stanley Hall's advice that coitus is for procreation only, they were continent a year; she has extreme marks of auto-erotism. . . . She is tired of it. . . . She has no interest in him at all when not unwell except after he has been gone two or three months; sterile six years. . . . Her mother says she was so shy she was never talked to about menses or marriage, no auto-erotic signs; it always hurts to enter even with lubricant, yet "I am always ready and always like it as he does." Coitus is four times a week from five to thirty minutes, sterility of two years.

She says she has been sexually excessive, and later felt repulsion from his defective erection; now he does not satisfy her, "I am crazy but he is too small to reach." . . . Eleven years of sterility, no dyspareunia, sometimes slight pleasure; she never has repulsion, never orgasm, aggravated auto-erotism.

"I was thirteen. I found myself bleeding, it was an indescribable terror. I think I have never, in all these years, recovered from that shock. I had never had any slightest intimation of it. I almost asked my brother. I don't know why I would not ask my mother. She was very wonderful, beautiful, but I was in awe of her. I never knew until I was twenty-two how children were born, when my fiancé had to tell me. I had not had a questioning instinct, never. I have not now." She is very contented



in her marriage. . . . They desisted from intercourse when married to prevent pregnancy, and intercourse has been twice in two and a half years; this killed feeling.

She is excessively shy, on the table holds knees together. He volunteers he has never seen her undressed in three years of marriage; sterile. . . . He is forty-three, wants coitus every night, does not know she is fifty-one; coitus once or twice a week, five minutes. . . . She menstruates at intervals of two to six months, sexual relationships of the honeymoon very unsatisfactory, she has had four miscarriages in four years, wants coitus oftener than once a week, but that is all he can stand, emission in two minutes. . . . He smokes fifty cigarettes a day, she has auto-erotic signs, is depressed, worrying, dysmenorrhea and leucorrhea; likes coitus "just as he does."

She admits an abortion at sixteen. Her husband knew she was not a virgin, but not this. She married him at twenty-four, a salesman, poor, and her family threw her over. The sterility is traced to the husband's semen. Coitus is nearly nightly. She would like it two to four times a day.

She is a tubercular patient, shocked by a therapeutic abortion three years ago. She is tormented at thirty-seven with the fear that she will do harm to those she loves. Seeing a stranger, she wishes he were dead. "I feared I would kill the doctor with a new hatchet"—no sexual enjoyment, never climax, much better at forty-three, her husband says she is a different woman. . . . She would never ask for intercourse; he has quick emission, probably poor erection.

The foregoing include cases who had had abortions only, as well as those who could not conceive. More material of the same kind is taken from the one child families. For example a patient at thirty-four, with a child six years old and under treatment for sterility; following repair of the cervix, the nurse had trouble to keep her from masturbating. She admits vulvar and vaginal auto-erotism as far back as she can remember. At forty-six, vaginitis, pelvic peritonitis and the husband has gonorrhea. . . . "Sex relations are not very important to either". . . . The husband is a hypochondriac, haunting doctor's offices. He wants coitus

nightly after nine years of marriage, has it every other night twenty to thirty minutes, can hold an erection an hour. She is indifferent, thinks gratification in intercourse wrong, shrinks from seeing his genitals. . . . She would want intercourse oftener than once a week, but is troubled in mind by her mother's condemnation of contraceptives. . . . She keeps him home, saying that if he goes out she will be gone when he returns; signs of extreme auto-erotism and she delivered the baby without being injured at all. . . . Before marriage, she was "the third in a triangle" now happy and in sexual harmony with her husband. . . . Menses are very irregular, no climax except by clitoris friction, one child sterility. Coitus is twice a week; vaginal opening admits four fingers, vaginal walls are voluminous, insensitive, glassy, smooth, no rugae. "He says I satisfy him, that I have feeling above the average, as strong as any woman. But he feels as small as a lead pencil in me and I as big as a hoop." . . . She helps herself to a climax by friction, or he does; better if she is above. . . . She was taught auto-erotism at seven by other girls—much mental conflict, at fifteen in terror of the wickedness of it—A psychoanalyst also said her dreams were masturbating and that this was a wicked habit. There was no jolt or jar or repulsion before marriage, no douches, entrance was gradual, in a month, with little distress. . . . She says at thirty-two coitus is rare; but her vulva takes five fingers. The husband's work keeps him out until two every morning. She gets home at midnight. She likes "to go to the theatre every night I can and dance every dance I can. My husband don't dance so he says it is all right." Last winter she "had a woman to take care of the child, this winter I have sent her to a home."

In the two children group, a girl brought up in the Orient and knowing the vernacular was shocked at the vulgarity of speech around her and later revolted at physical contact, even with the man she married. When engaged she has cried out at his kiss. After her pregnancies she has desire but no climax. The right relation makes her serene and stimulated the next day, abstinence upsets both. . . . At nineteen she was frigid; a possible gonorrhea and eight abortions behind her, at forty-one, her husband nearly



sixty, coitus is every second night. . . . She admits free auto-erotism. . . . She has had salpingitis, always menorrhagia and dysmenorrhea, worried and unhappy, sexually excited but never satisfied.

In the three child families: "He is affectionate but cold;" a strong churchman, believes in intercourse for procreation only, she is ready every other night, not always climax. . . . "Neither of them is affectionate." She keenly welcomes children but three are all they can afford. . . . She is wet with desire always, but no climax, coitus is weekly for one minute. . . . It was five years before they learned from a physician that a second entry would be possible; until then she could get no orgasm.

After four children, she still has coitus twice a week for two or three minutes. She is never indifferent, never has distaste—it is pleasant, no after nerve tension. She had no rousing in engagement, no instruction before marriage, but had to return from the wedding trip, her sister feared the husband would be estranged. . . . During the first two years of marriage she had no sensation whatever, though they loved each other dearly and were very demonstrative.

After five children, with insomnia, menorrhagia, depression and exhaustion, the patient is troubled with auto-erotism. "Please tell me about the feelings natural to this part, as I think if I could get it into my head that there is not anything seriously wrong with me, I would feel much easier in mind." . . . Menorrhagia always extreme: "like having a baby every time;" two induced abortions; coitus is twice a week ten minutes, she has a climax, but it is tiresome." . . . "If I'm going to get relief using those things" (condoms) her husband says, "I'll need a couple of mistresses."

These physical and psychic difficulties, some of which come to be ground of maladjustment in other couples, are found readily enough in fifty cases. They show many ages, and many changes of mood with the years of early marriage, childbearing and later years. The bias of the histories is that the newly married are most articulate and women with most children come most nearly to confining their interviews to technical and health questions.

Some adjusted wives may pass later to maladjusted, but they already contain much evidence of shifting from one level to another.

Certain stages of single life, emphasizing education, culture and religious restraint, are a hindrance to immediate adjustment, whatever they do in the long run. Stories where passion has turned to relative indifference may have their meaning in the fact that there was passion once. Except as the incidence of health and fertility are a little higher and the amount of subjective and objective data varies, we can establish many qualities of likeness between adjusted and maladjusted wives.

#### UNLIKENESS TO MALADJUSTMENT

Analysis of these cases indicates that their characteristic pre-occupation is with questions of fertility and coitus.

The sufferer does not come for the relief of disclosing her personality to the physician, nor for help about her moral questions but to get his technical information. Her history differs from that of the maladjusted chiefly in the absence of mental conflict.

A relatively high degree of objectivity appears as their distinctive feature. They tell just as many facts but without subjective elaboration.

Unless she has collapsed in nervous breakdown, these records are personal in inverse ratio to the number of children. The original records are very much longer because they contain the technical records about labor by stages, comparison with former labors, postpartum care and notes about the babies etc., but the general impression is of an extreme objectivity. A woman whose general health, family constitution and menstrual history were so and so, came to the doctor in pregnancy. Pregnancy, birth control, functional health, sexual adjustment is her story; delivery and abortion are mere facts of record. The woman has come to accept the facts of sex and marriage as she knows them. She is mentally free. Although she remained a patient for a long time, the relationship never developed that spiritual dependence in which the doctor is required to use magic and to control vitality at the source.



This is to say that the patient is distinguished by her factual acceptance of life. But in trying to say that adjusted people have an attitude of factual acceptance toward marriage or toward life, which others have not, "have" and "have not" become movable boundaries. We can not separate 363 women into two groups and say that one half has a higher ratio of ability to get along in marriage or that one tenth has not. It is a better assumption that every woman has both the one half and the one tenth quality.

Almost all the histories show some of the troubles which may make for maladjustment. These women also have delicate health, operations, nerves, menorrhagia, inadequate sexual experience and family burdens to some degree, and all those things which may weigh adversely against sex, but in general they are less submerged. Deep love and affection are often discussed and physiological impulse is often admitted, but compared with others there is less blushing, and shock, less agony and hatred, less wonder and wild desire, less mental conflict and spinsterhood in their histories. They are inclined to be monogamous, healthy, fertile, accepting sex and not anxious to record themselves as self-centered. It is a practical view of sexuality, more French than Anglo-Saxon.

No substantial difference in health, education, character or money can be established as the basis of this difference. It is merely a state of mind which means entire acceptance of marriage or of life.

*Case 295.* A woman of fifty-seven comes for neurasthenia and prolapse. She is uneducated, cannot read. The husband is a night watchman, now out of work, suffering with a cataract.

She has enteroptosis, laceration of the pelvic floor and cervix, diastasis of recti and umbilical hernia. She has suffered with backache and groin pains since the last child was born, at forty-four.

Marriage was at twenty; the first child the following year. She has had six children, each weighing, she avers, twelve or thirteen pounds at birth; no forceps, no stillbirths, no abortions, no preventives. Now her "nerves are very bad," blood pressure 125. She is cross, worries, and does not sleep. Menopause was late, but the flushing still persists.

There are signs of old auto-erotism, atrophic and large labia, gaping vulva. She volunteers, "He used me up wanting me so much, every night; he would yet, every night, if I would let him. It used to be hours every time. He is never through. Even daytimes he wants it." She has always been afraid of pregnancies, but she has always had pleasure except once or twice a year.

*Case 612.* A wife of twenty-five whose husband is still studying for a profession comes about contraceptives.

Menstruation began regularly, no dysmenorrhea, but some menorrhagia. The vagina is small, round, smooth, five inches on the posterior wall, two and a half to three anterior; good pelvic floor; worn hymen.

She lives in the suburbs without servants. In three years' marriage they have two children; the first born promptly; hard dry labor; the second, easily. She is in good health; the babies are well; she wants another but not yet. Her contraceptive was a cocoa butter suppository; one of the pregnancies occurred from using a condom which broke followed by a plain douche without pressure.

Coitus is twice a week for ten minutes. When well she is wet with desire and has a strong response twice a week. . . . She "hates to wait five minutes for the suppository to dissolve," and disliked the condom. Neither can feel the Mensinga. For a year they used withdrawal without satisfaction to their feelings, but apparently with safety. . . . She is exhausted at night; does not "welcome intercourse with much enthusiasm, although I enjoy it when it occurs; nothing could induce me to get out of bed again in the cold to take a douche. . . . We are quite erratic about coitus; it is entirely my fault."

*Case 945.* At thirty the patient comes for severe pain which proves to be from an ovarian cyst, for which the husband is unwilling that she be operated upon. She weighs little, has anemia and nervous indigestion.

As a girl she was never strong, less so after menstruation at thirteen or fourteen, but never any trouble at period. She was married at twenty; the first child was born in a year, easy labor, no stitches. She now has five children, the youngest delicate; and much worry.

Later a dermoid cyst is removed with appendectomy. . . . After some years she returns, pregnant; she used a suppository instead of a condom right after period and gave it too little time to dissolve; "I have never omitted precautions in the least without getting caught."



There is some discussion about therapeutic interruption. All her children are frail and there is some fear of chronic invalidism. She can have proper care as they have ample means. No interruption, and two more are born.

At forty-four she returns, with cervicitis; the cervix is full of cysts. Coitus is every three weeks with withdrawal. . . . At forty-six she is easily tired, much relaxed abdomen. Massage, since she will not exercise. . . . At forty-seven, the cervix looks well; introitus is four fingers, two and a half joints.

At forty-eight she says that she is always thoroughly scared in coitus; she has usually become pregnant in the first month when she relaxed precautions. He hated condoms, tried them only once or twice. Coitus is once to twice a week, from two to four minutes. She has no climax; the feeling is mostly in the clitoris but some inside, he does not caress the clitoris. She has had very little feeling for two years. . . .

At forty-nine coitus is once a month and there are no precautions. The cervix is cystic, relapsing, but erosion does not return. The vagina is in posterior reach four inches distending to five; anterior two and a half inches; introitus three and a half inches in diameter.

*Case 229.* The patient comes at twenty-nine for sterility. She has posterior parametritis, conical cervix and pinhole os.

At home they refused to tell her how children came, though she learned the precise facts later at school. As a girl and young woman, she was strong, with good nerves. Menstruation began on time, with later dysmenorrhea until twenty-five; a twenty-six day interval, duration five days; some clots for four or five years. She was married before thirty. After marriage, entry took place without pain after two weeks. She had no repulsion, but did not know a woman had any response. "I had a feeling that anything a woman did to prevent pregnancy was wrong and also a feeling that there must be something wrong in my point of view." No contraceptives have been used for a year. Coitus at this time is once a fortnight for five minutes or so; but, if they thought it right, it would be oftener.

After a glass stem was placed she became pregnant in three months. The first child was large; average labor, no stitches, practically no injury. For seven months after the baby they had no coitus, not knowing how to prevent pregnancy. She had had no desire before, but is now perfectly adjusted. The ability to obtain orgasm followed separation of clitoris adhesions. Repression of feeling she says, "may make me ache since the child came."

Three years afterward because of a defective condom she became pregnant and had an abortion. In two years more the second child reached delivery; and later a third is born. This time they were depending on withdrawal. Coitus is once a week and she seldom has climax.

At thirty-nine they are well-to-do people living comfortably. She cries, has become depressed and nervous, has little sexual interest, some menorrhagia. A douche is the contraceptive. Thyroid is used as medication.

At forty she wants him to give up business and be with her all the time. She talks of wishing she were dead and killing herself. The children are incessantly on her mind. She is interested in religion and outdoors. The husband says that he tries to arouse her sexually and she will always be responsive, but to the point of climax only once a month, and to that of interest without climax, once. The rest of the time she is indifferent and made a bit nervous.

At forty-four she is extremely well and in fine spirits. Coitus is twice a week for ten minutes. She has very great improvement in orgasm, and he can wait much longer.

The hymen is "worn," almost gone, the introitus a highly polished funnel like the interior of a shell. The introitus, while not gaping admits four fingers, for four joints, the vagina is six inches in posterior reach—clear to the sacrum (two and a half inches on the anterior wall), all pointing to deep coital thrust and long phallus. The clitoris shows extreme excursion, two inches. The labia minora are soft, full of corrugations with deep folds and beginning atrophy, evidence of years of friction.

Coitus is twice a week for ten minutes. He is "gentle, but large,"—six or seven inches, she thinks, demonstrating on a ruler. She has very great improvement in orgasm and can wait much longer. She likes clitoris caress for five or ten minutes. The chief feeling is after period, when her climax is as strong as his. The characteristic position is with him on the side. With husband above there is some hurt. She has never tried lying above him or lying beneath with knees near her shoulders, or sitting across his lap.

*Case 855.* A patient is first seen for contraceptive advice at twenty-seven after childbirth and abortions, because she has times of cardiac decompensation. Menstruation began early and is regular at twenty-eight day intervals.



At thirty-nine with three children she says that periods have been growing less for two years. The vulva gapes and there are hemorrhoids. Cysts of the cervix were punctured.

At forty the vulva is insensitive, and its distensibility is that of the whole hand. The vagina is very relaxed, posterior reach five inches. Pelvic floor muscles are poor, right levator torn, the left defective. There is slight cystocele and rectocele, not enough to warrant operation, as heart is none too good, and she has plenty of domestic help. Coitus is from twice a week to once in two weeks. They are using withdrawal and he can wait as long as needed. She never, she says, has strong pleasure. "I never had much feeling in intercourse. How much less? One-fifth as much as his; yes, less than that, but I am satisfied." She says she has a climax. He says she does not. He is told that on her account he ought to re-enter with a second erection. He has had an irritable bladder for twenty years and is sent to a urologist.

At forty-one she is wonderfully well. Periods are scanty and she is seen for cysts on her cervix. At forty-five the breasts are a mass of tiny lumps with very large areola. In coitus there are twenty-five minutes vigorous action of which fifteen are very strong. They still use withdrawal, she reaching a climax before he comes away. There is variety in position and orgasm is as strong as ever, at least; after periods stronger. She desires the deep reach. It is possible for her to get complete orgasm from nipple suction, though nursing gave her no erotic feeling. The first sign of pregnancy was always the nipple, and her areola corrugates in exactly the same pattern as the foreskin or the labium minor, signs that apart from pregnancy point to mammary eroticism.

At forty-seven her breasts are examined and discussed again. The nodular edges are the same. She explains that breasts were firm but enormous as a child; they worried her for size. There was no sex feeling there, but as a girl of eighteen they would itch. When bathing her breasts would sting and itch; before and during period at any time of day, not surface itching, "it itches inside." Breasts were very sensitive in pregnancy and leaked early. All three children were nursed a year. Great pains stab the breast at times, especially when pregnant. There is "no connection of mammary pain with desire for coitus,"—but see above.

There is no vulvar itching except at end of period. Vulvar distensibility and methods in coitus are the same, frequency of coitus

once or twice a week. If coitus is not too long there is no heart exhaustion.

*Case 582.* A patient comes for pre-marital advice. Instructed to take douches to relieve sensitiveness of the hymen, she tried it, disliked it and stopped.

After marriage she says the doctor should have insisted about the douche to prevent dyspareunia. "A young woman has so much instinctive modesty, when in love, that all this is very much in the background. She does not want to dwell on these things. She only knows that she is going to be closer. If I had used the douche I would not have been hurt. The first night he tried to be gentle. I insisted on his going on, but it hurt terribly. It would have meant much to us both if it had not been so painful."

Feeling was aroused somewhat within eight or ten days; passion when dyspareunia disappeared, in about six weeks. The instructions were given a month before marriage and she spent the month worrying lest she would not be large enough though the gynecologist told her that she was the right size. Although both were told not to insist on entry at the expense of pain, "I made him go on. If he didn't I would be in deadly fear until he did go in."

After a year's marriage the vagina is perfectly smooth; it is huge; 14.5 cm. on the posterior and 11.5 cm. anterior walls. Coitus is for fifteen minutes once in three days without much preliminary love making and no play between. Jelly is the contraceptive. They have never had any disgust, and have little variety. If she lies on top she is too quick and if he does, he is too quick, therefore the side diagonally is most satisfactory. They could "fire up" at any time but are restrained; two or three times a week. They have naive delight and abandon in passion and are tremendously happy and devoted.

The first child was born in the second year of marriage. There was only one menstrual period after stopping precautions. She was alone silent and terrified through all the bad part of labor because she was too plucky to tell how badly she was suffering. Afterward for three months (as long as she nursed the baby entirely) she had recurrent horror about the birth until she was nearly unbalanced. She had scenes of horrors, of gorillas, and of the baby dashed downstairs, even in the daytime. She had no interest in sexual expression. A hug made her scream and she feared any kiss lest it end in coitus.

In four months coitus was resumed with a dyspareunia that lasted



several weeks. Seven months later she says that desire is greatest before menstruation. During her husband's absence from home she has erotic dreams with climax on waking, every ten days. The introitus is still three fingers three joints although the husband has been away three months. The vulva is atrophying but has had very marked corrugation and pigment.

*Case 780.* A clever and handsome society woman is high strung, nervous and alert, intellectual, very active, thinks herself an invalid, fears cancer.

She had been married fairly early. Menstruation is regular and was formerly painful. After a severe labor leucorrhea has been constant a year. A laceration of the cervix and perineum is repaired, and she is remarkably well after the operation. "For the only time in my life sexual desire is well developed."

After three children and a spontaneous abortion she has final repair of the cervix and anterior and posterior colporrhaphy. Very well thereafter she says. Precaution used to be the observance of safe period from the sixteenth to twentieth day together with a douche, but she once became pregnant from coitus on the seventeenth day. For a year now the precaution has been withdrawal and coitus once a week. She had rather early menopause but perfect health; three years later the ovaries have shrunk, two finger introitus.

At fifty-seven she has a throb and ache after coitus, so comes to find out about it. The introitus is two fingers, very tight, meatus open as before. The last coitus was two months ago so introitus is shrinking from neglect. "He is growing indifferent." On being advised not to let him be so, "There is as much attention as I want."

At fifty-eight coitus is once a fortnight. She is responsive. For the first time in twenty-eight years she breaks out with the statement, "I have been the aggressor always. After you operated the first time, I had incessant tormentive desire and I was after him all the time. I want it now once a week or oftener but get it once a fortnight. He always plays up, but I have to start it. Even when he is away for weeks he does not ask for it. "He is Adonis to look at," but she says not attentive to other women. If he has anyone else she does not know it.

Meanwhile she is very worried about blood pressure, cancer, and womb trouble. She has always been very outspoken and critical, but never admitted being the aggressor until she was fifty-eight years old.

*Case 788.* A woman of forty, the wife of a professional man, who has herself continued to work after marriage, comes for a sterility of one and a half years after six years of marriage. The patient is well, large and stout. Menstruation began at twelve; irregular; somewhat scantily; no dysmenorrhea. She has a fibroid. Coitus is once a week; introitus two and a half fingers.

The early history is that she first learned of sex from children at eight or nine. At twelve when menstruation began she was desperately in love with a lad of twenty-one who read novels to her; she would be wet with excitement as he read love passages. She was rather a beauty and vivacious; had some mild love affairs as a young woman but was never excited either by them or by dancing or music; she was somewhat affected by erotic books.

She was engaged some months after thirty, both were consciously excited. There was desire, kissing and a little breast fondling but no further liberties. She knew he had erection; could feel it through their clothes but there was no orgasm. She was married in a year. Entry was the second night; no pain. She was greatly excited and had no shock at his size. Coitus was once or twice a week for five minutes; little variety. She nearly always had a climax; if not, he would caress her clitoris. She has some inhibitions about handling him.

Five years later, vaginal myomectomy. Artificial impregnation was tried three times between forty-one and forty-two. After the third trial, the semen which had been good a year before was tested again and found nothing but mucous and refracting bodies. It was still inadequate at forty-six.

At that age there are full signs of former auto-erotism. Pelvic floor muscles are strong, almost vaginismus; introitus three fingers two joints; vagina four and a half inches posterior reach, three and a half anterior. Coitus is once in two weeks for five minutes ordinarily, in vacation weekly. They are discussing adoption. She did not work during menopause which came early, but resumed her job afterward. They live in a small apartment and she has a maid. Singing does her good; when depressed at night she remembers songs.

Her husband, she says, is "a trump." After menopause she was fearful of losing his love and took pains to bring back sexual feeling.

*Case 473.* A couple in the thirties come for advice about sexual relationships one month after marriage. He is the quiet and stable part of the union, powerful and gentle. She is all brilliancy and intellect. The wife has never had a climax.



They have had no pruderies from the first. They play with each other; have bathed naked on isolated beaches. She says that she has never had any sexual sensations except from climbing a pole and riding horseback. They want details but object to elaborate details about precautions; "It spoils pleasure." Intromission takes place three times a week, three times in a night, with two hours between. His emission is quick the first time, two hours later he is able to have a long erection. She is wet with desire; more passionate even than he but too much preparedness dampens her feeling.

Six months later they return to report that matters are about the same. The husband thinks the fault is his. The vulva has all appearance of auto-erotism. The levator is entirely relaxed; it acts well to order and quivers but she says that no excitement results. She is self lubricated when excited but says her feeling is feeble. Her breasts are excitable, with in-rolled nipples. The clitoris is small and insensitive. She wants delicate manipulation here but cannot get climax from it. She desires vigorous deep thrust because all the feeling is deep in. This endangers his emission, and their contraceptive is withdrawal. The first intromission is in three to five minutes. He can go back in an hour, after taking precaution to urinate to clear semen out of urethra, then can stay up to sixty minutes.

The wife was formerly engaged to another man. He had had many love affairs and would have gone on with other women so she cast him off. She says that she was sometimes wet but that he never kissed her or had his arm about her. She rarely saw him and the keenest episode was sleeping in an adjoining room. She is warned to train her feeling lest it lapse. She is all brain and no body.

The husband writes after this that she still has no orgasm, in spite of marked improvement in the technical process. Condoms hurt and lack of complete erection has been one difficulty. This has been due to worry over finances and over-fatigue and is obviated when the wife is eager. Every night he finds that, "The sight of her undressed excites me greatly."

A little later the wife reports that during their eight weeks separation because of his work it was "perfectly astonishing" that there was "no sense of missing anything." She had no desire for him, no arousing, no demonstration though she has recently made a number of mental friendships with men. "I am mentally gregarious. I like sex appeal, like to test out a personality, and like talking of sex experience." On a vacation, a man who became a friend begged for intercourse. She

checked him instantly. She thinks the reason the husband does not rouse her is that he is a dull comrade and no intellectual equal. She is the center of life for him but he is not for her.

On her return to him, she did not respond spontaneously. Their custom at this time became two or three times a week, this interval by her desire; he would still want it every night. There is one-half hour's play, and two or three minutes intromission before the climax. At each mating he continues to have two emissions. At the second, he makes more vigorous action, and she is more responsive; but she knows no orgasm. She is satisfied afterward but there is no increase of satisfaction as time goes on. She is more interested in his climax than in her own. (Can it be more interested than he in hers?)

We talk further about the reason for her inhibitions. She says she has none. At twenty or twenty-one she was excited by another girl once a week for half a year, excitement only, always wet, nothing else. There was shame about it, always conflict and it was checked. She does not regret the former lover. There were with him only four times of sexual excitement, never kissing, hugging, or touch. She says herself that her sublimation of the sex feeling is intellectual play with men; she is fully conscious of their sex excitement.

The vagina is now five inches posterior reach and three inches in anterior reach. The contraceptive now used is a pessary. The following year they are sterile after four months of omitting precautions. He is in fine health, but she is tired; menstruation irregular.

The second year the introitus is four fingers to the second joint; and with the vagina, shows his vigor and frequency. She still has no orgasm, though she has vulvar feeling and relief of nerve tension. She would be ready every night and if they were in the same bed coitus would surely result. The practice is still three times in a night. Some of their original difficulties were fears of pregnancy and ideas of right and wrong. He has become able to give twenty or thirty vigorous thrusts and these are satisfying in the dorsal position with the hips elevated by pillows

Fellatio and cunnilingus were tried for a while but are not being used at present. There is still no excitement over the levator closing and she still gets "no kick" out of the novelty of mental stir but from actual physical relationship. If she were to be interested in another man she would not desire anything more than deep kiss and breast handling.



*Case 536.* A young woman comes for advice about menstruation. She is of a cultured family with some brilliant and erratic members, has always been somewhat delicate, thin and intense, repressed and sensitive. She has humor, ambition, near-genius, and affection; she is a success in her profession.

Several years later she returns accompanied by her fiancé, for premarital advice. He is an engineer of very fine character. At this time the vulva has definite marks of auto-erotism.

Two months after marriage, the hymen is two and a half fingers, insensitive, partial edge. They now think that the chief benefit received from the instruction before marriage was her understanding that she must be frank in telling when she desired him, and what gave her pleasure. Both say that instructions should stress the possible failure of erection or pleasure at first.

It was a quiet marriage. The first evening they attempted intercourse with a condom but she was not excited and he had instant emission. She also, notwithstanding different advice, used a sponge with bi-chloride which was probably too strong. The second day they came home tired from an excursion. After sleeping they both had great excitement; he had quick emission again, but at the second intromission she had a powerful climax after five or ten minutes. The third morning she had a second powerful climax to the point of exhaustion. Coitus is now only two minutes but she reaches climax by some subsequent care.

She says that before marriage there was a vague fear of letting herself get interested in men. One of her cousins reacted against marriage through Freudian books and a friend was inhibited and shy on sex questions because her profession had given her technical information about venereal disease. She says that at eight years old playing with other children, all of them had much curiosity as to the anatomical differences between the sexes. "I learned at ten from pet animals. My father refused to answer and at sixteen my mother would not answer. I tested her but I already knew."

She says that the questions about sex raised by suggestive books and plays sink in and inhibit, because they arouse indefinite fears; while the books that purport to instruct on sex matters are priggish apologies, two generations behind the times. Families refuse information and college doctors are prudes. "Freudian literature make it seem that any pleasurable sexual feeling must be abnormal. There comes a feeling that there is something obnoxious about marriage, that you are at a man's mercy, that you have to stand for it."

Yet she also has quite a different attitude: "Girls have been told that many things, such as sitting in a wet bathing suit, wearing thin stockings and bathing after eating, are wrong. When they find that these are not harmful they think the elders may be wrong about sitting on a man's lap and kissing. . . . I would allow kissing and hugging in a man I believed I might love, and even conscious passion on his part. I know no other test of his self control than how he would behave himself with me when excited by physical touch. A man who has only the control of convention I would not trust." Her husband has been continent for four years, as long as he loved her. Before that apparently he had not much experience.

Two years later, the first child, a short labor, with laceration, and suture. After this, from the tender scar, she had some dyspareunia which disappeared. The maximum coitus was formerly three times a week, she rather slow in reaching climax and needing ten minutes clitoris caress.

When the baby is two and a half years old they have been sterile five or six months. They ask about the possibility of a Caesarian birth. They think they could afford another baby but fear her mounting disabilities. The third pregnancy, though with fullest care, ended prematurely.

Coitus is twice a week; a function; he makes it a sacrament, a kind of ritual. They are together for one half hour during which he is inside from five to twenty minutes. "I am pagan. I hate clothes. Our earliest nakedness in the fire light was ideal, and as children we were used to swimming naked." Yet she still feels inhibitions as to seeing or feeling his genitals and he does not often touch hers. There is no sex play or touching between coitus. She says now that they did not have repugnance about their bodies or about contraceptives. The latter fell into place like brushing teeth or any other matter of hygiene.

Two years later she is again pregnant. After the baby she is more limber and more responsive. These two have studied the artistry of love. They begin early in the evening, undressed, loving each other an hour then after mutual orgasm talk or walk for the rest of the evening. They never after intercourse go to sleep. For working on a problem neither is so clear headed as after coitus.

They delight in intercourse out of doors, on a mountain top naked in the sunlight or in deep woods. The habitual posture is with a pillow under the hips with him close on top of her and full length. She is never sufficiently wet to do without lubricant. During excitement



there is a great amount of wetness up the vagina, a fairly strong levator jump and some thrashing about. The excursion of the clitoris is three cm. each way from the center. She reports his investigation found no dip of the cervix in a moderate orgasm brought about by a to and fro motion, two fingers in the vagina and the thumb on the clitoris. During the orgasm she always has a vision but of no known place; an ocean beach with spray blowing, a valley with a winding stream or a swamp of stately trees, a hill over the Danube though she has never seen the Danube. After some years of marriage they are devoted lovers and are very happy. They have made necessary adjustments of temperament and habits patiently and wisely on both sides.

## CHAPTER XI

### FERTILITY

*THE TYPICAL wife earnestly desires children. Half of all married patients come first to the gynecologist for care about the reproductive function. The rate of fertility is skewed by the inclusion of the sterile who number more than one-third of the total. Married at twenty-four or twenty-five, the first baby is born at twenty-six and a half, following a deliberate conception. The success or failure of contraceptives itemized in terms of the specific protection, and the multiple causes of sterility compared in terms of wife vs. husband, allocate responsibility quite evenly between the sexes. The clue to group fertility as seen in women over forty years of age is 2.24 pregnancies per capita, with 0.63 abortions and 1.61 live births; after the second pregnancy the ratio of abortions to live births increases with parity. Health and nervous balance make no difference; but marital unhappiness is accompanied by a slightly lower rate of fertility.*

**F**ERTILITY FURNISHES more data than any other topic in the series.

Stories of the desire for love are more colorful, accounts of passion more impressive by their violence; but, beginning with the engaged girl who comes to learn if she can bear a child, and ending with the old woman fearing cancer from the unrepaired lacerations of childbirth, the bulk of the original material has to do with problems of fertility. Approximately half of all married patients came to the gynecologist for diagnosis and care directly concerned with reproduction, that is, pregnancy and after care, and sterility. Add to this the fact that many of the sexual stories developed out of the fear of pregnancy, and fertility appears as the central issue extending by biological filaments through all cross sections.

The woman who paints mothers and babies, gardens, flowers and old houses—the symbols for home and children; the woman who



teaches; the needle-woman who makes baby clothes; the nurse who takes care of children; the writer who explores their life; and the singer who learns their songs, are seen in these narratives in their more primitive state. They are directly concerned with the problem of getting children.

From the point of view of the birth rate, the most important evidence of the data is not that about the use of contraceptives, the causes of sterility, or the number of children per capita, from couples of this type under these environmental pressures. It is in the wild and deep desire for maternity, made freely articulate by speculative and communicative women of high emotional endowment. The side-channels which thwarted maternal desire takes are also important ultimate evidence about birth rates.

There is, for example, the imperative desire for reproduction, which results in the eight years' deception of the woman who cheated her husband into believing that a stranger's child was theirs. At the other extreme is the revolt of the woman who does not permit intercourse; or the one who really feels nothing no matter what she makes her husband believe, because she believes that to let herself indulge in feeling would result in pregnancy.

On the one side, in the larger group, are the Orientals who desire an heir for the family's sake; those who will get a legacy if they have children; the husband who is so insistent that he asks about artificial impregnation with another man's semen; and the mother-in-law who suggests that her son beget a child by some other woman, and give it to his childless wife. There is the woman who threatens that if the husband keeps on refusing to let her have a baby, she will pick the man, and go home to her father's house to have the baby. There is the wife who says "he will leave me if I have no children;" and the occasional decision, based on deep desire, to go on in pregnancy even in utmost risk of death.

On the other side, there is the fear of pregnancy, occurring about 300 times in the 1,000 histories and sometimes occurring in the husband quite as seriously as in the wife. He dreads not only the risk to the wife, but the economic risk; and probably also the risk to love in the presence of increasing burdens.

Most rare is the frivolous woman who does not want "to get large," "to ruin my figure," "to be tied down." Nor does the "career" appear as a competitor to maternity. Most of the fears are the great nameless fears of danger, of labor and death. This is not entirely the fear of the novice. Sometimes it comes only after passing once through a labor of agony or jeopardy.

**AGE OF MOTHERS.** The life and surroundings of these patients have brought it about that the period of maximum fertility and optimum for bearing, that is, the early twenties, has gone by while they were single women.

The typical woman was married at twenty-four and in the average case the first birth came in the last half of the twenty-sixth year.

Four women were wives at fifteen; and a quarter of all, before they were twenty-one. The latest marriage recorded is at forty-nine, and a quarter of all married at twenty-eight. This is the same as saying that the middle half were married at from twenty-two to twenty-seven inclusive.

The age of the mother at birth of the first child is known in 406 instances. With fifteen and forty-six the extremes, with one birth at each, the median age is twenty-six and a half. Half of all the cases fall between twenty-three and twenty-nine. Only 30 are under twenty; only 22 over thirty-five. These age limitations, together with the economic and educational status are conditioning factors in the size of the family.

#### CONTROLLED FERTILITY

The hypothesis is that in this series birth is usually controlled. This is safe to assume because it was true in the great majority of cases where the question of contraceptives was raised. There was no need to ask every patient about this: only those with serious conditions contra-indicating pregnancy; those seen after childbirth; or for problems of the sexual or reproductive life. Such cases afford 532 instances of information as to how fertility was or was not controlled. Only twenty-five, or fewer than one in twenty, had never used any form of control. In 507 cases some form was used, or was unnecessary because of sterility or



sterilization. The distribution of 494 giving details showed a number using abstinence, though mechanical and chemical means predominate:

A. Deliberate control exercised.....	229
Abstinence (partial, 2).....	42
Female control.....	79
(chemicals, douches, occlusive pessaries and stems, safe period)	
Male control.....	77
(condom, withdrawal, vulvar coitus)	
Double protection.....	31
(male and female, or mechanical and chemical)	
B. Deliberate control unnecessary.....	265
Sterility (one or both partners).....	252
Wife sterilized by operation.....	7
Husband sterilized by operation.....	2
Wife with early menopause (before 28).....	4

On the whole the deliberate measures reported were successful. Of 184 couples reporting in sufficient detail to compare methods, only forty-four, or about one-quarter, reported any failures; and all of these had had some experience of success, both positive and negative: that is to say they had prevented conception at various periods when they wished to; and had conceived deliberately at other times. The other one-hundred-and-forty reported only deliberate conceptions at any time.

The summary of success or non-success with all methods employed is shown in Table XIX. From this it is gathered that one pregnancy in five of the total 384 was accidental; or, stated positively, four out of five pregnancies were deliberately entered upon.

But deliberate conception does not necessarily involve successful termination of the pregnancy: thirty per cent of all terminated in abortion; and this proportion varied in the different groups. In all, there were 114 abortions, of which 13 per cent were terminations of undesired pregnancies. As this study did not consider the character of the abortions it cannot be said whether they were spontaneous or induced; but, from the fact that the larger proportion occurred after deliberate conception, 33 per cent as compared with 18 per cent, it may be assumed that they were largely

spontaneous or accidental, rather than induced. Of the 270 children carried to term, 24 per cent were the fruit of unintentional conceptions.

The fifteen failures which resulted in abortions, followed various methods, including condoms, douches, lactic acid jelly and withdrawal. The incidence in twelve cases was as follows: first pregnancy, 2; second pregnancy, 2; third, 3; fourth, 3; fifth, 1; sixth, 1.

TABLE XIX  
PREGNANCIES AND RESULTS REPORTED BY 184 FERTILE COUPLES CONTROLLING CONCEPTION

	Total				Result of Pregnancies			
	Couples Reporting		Pregnancies Reported		Number		Per Cent	
	Number	Per Cent	Number	Per Cent	Abortions	Carried to Term	Aborted	Carried to Term
Total.....	184	100	384	100	114	270	30	70
Couples with pregnancies:								
A. All deliberate.....	140	76	225	59	58	167	26	74
B. Some accidental.....	44	24	159	41	56	103	35	65
Pregnancies:								
1. Total deliberate.....	184	—	306	80	100	206	33	67
A. With all deliberate....	140	—	225	59	58	167	26	74
B. With others accidental..	44	—	81	21	42	39	52	48
2. Accidental.....	44	—	78	20	14	64	18	82
Per cent of total.....	24	—	20	—	13	24	—	—

The total proportion of failure, 20 per cent, should be weighed against the probable concomitants of frequency of intercourse and the usual considerable length of time since marriage, but the data are not sufficient to compare early and later methods as to efficacy.

*Sterilization*, as a final means of preventing conception, was reported in only nine cases in this series, seven in the wife, two in the husband. It was employed 41 times in a series of over four thousand cases of married women under care by the same gyn-



ecologist. In 33 the tubes were tied incidentally in the course of a laparotomy for some other cause; in the other 8, electro-

TABLE XXA

DELIBERATE AND ACCIDENTAL PREGNANCIES AND TERMINATION REPORTED BY  
COUPLES USING SPECIFIED METHODS OF CONTRACEPTION

Customary Method of Control: by	Total		Character and Result of Pregnancies			
	Couples	Pregnancies	Deliberate	Accidental	Result	
					Abortion	Live Birth
Grand Total.....	184	384	306	78	114	270
A. Wife, Total.....	78	183	138	45	74	109
B. Husband, Total.....	75	130	102	28	23	107
C. Both, Total.....	31	71	66	5	17	54
A. Wife:						
Douche.....	45	86	53	33	45	41
Suppositories.....	16	52	46	6	14	38
Alone.....	10	38	34	4	11	27
Plus douche.....	5	11	9	2	3	8
Plus safe period.....	1	3	3	0	0	3
Safe period.....	7	34	31	3	12	22
Occlusive pessary.....	7	8	5	3	2	6
Intrauterine stem.....	3	3	3	0	1	2
B. Husband:						
Withdrawal.....	37	71	56	15	10	61
Condom alone.....	31	35	22	13	6	29
Condom plus withdrawal.....	7	24	24	0	7	17
C. Both:						
Condom and douche.....	13	28	25	3	12	16
Condom, douche and other.....	5	13	13	0	0	13
Condom and suppository.....	1	3	3	0	0	3
Withdrawal and douche.....	8	17	15	2	3	14
Withdrawal and suppository.....	3	7	7	0	2	5
Withdrawal and safe period.....	1	3	3	0	0	3

cautery sterilization was performed.<sup>1</sup> There are additional cases of cautery sterilization including the hospital series.

<sup>1</sup> Dickinson, R. L. Simple Sterilization of Women by Cautery Stricture of the Intra-uterine Tubal Openings. Surg., Gynec. Obst. 23: 203 August, 1916.

Comparative results of specified measures are shown in Table XX and in summary form in Figure 8. The efficacy of double

TABLE XXB  
SUMMARY OF FERTILITY RECORD COMPARING METHODS OF CONTROL

1. Couples Reporting					Number and Character of Pregnancies								
Customary Control: by	Couples with			Grand total	By Couples with		Deliberate			Accidental			
	Pregnancies						Total	By Couples with					
	Total	All Deliberate	Some Accidental		All Deliberate	Some Accidental			All Deliberate		Some Accidental		
Total.....	184	140	44	384	225	159	306	225	81	78			
A. Wife.....	78	53	25	183	91	92	138	91	47	45			
B. Husband.....	75	59	16	130	73	57	102	73	29	28			
C. Both.....	31	28	3	71	61	10	66	61	5	5			
2. Every 100 Couples					Every 100 Pregnancies								
Total.....	100	76	24	100	59	41	80	59	21	20			
A. Wife.....	42	29	13	48	23	24	35	23	12	12			
B. Husband.....	41	32	9	34	20	15	28	20	8	7			
C. Both.....	17	15	2	18	16	2	17	16	1	1			
3. Per Cent Couples and Pregnancies According to Character													
Total.....	100	76	24	100	59	41	80	59	21	20			
A. Wife.....	100	68	32	100	50	50	76	50	26	24			
B. Husband.....	100	79	21	100	56	44	78	56	22	22			
C. Both.....	100	91	9	100	86	14	93	86	7	7			
4. Number of Couples					Per Capita Pregnancies								
Total.....	184	140	44	2.09	Per Capita Pregnancies							Accidental	
					Num-ber	Per Cent							
Total.....	184	140	44	2.09	1.61	3.62	1.66	1.22	1.85	1.77	49		
A. Wife.....	78	53	25	2.34	1.72	3.68	1.77	1.72	1.88	1.80	49		
B. Husband.....	75	59	16	1.74	1.24	3.57	1.36	1.24	1.82	1.75	49		
C. Both.....	31	28	3	2.30	2.18	3.33	2.13	2.18	1.67	1.66	50		

protection is clear, as only seven per cent of the total pregnancies were accidental when this measure was customarily employed.



## CONTROLLED FERTILITY

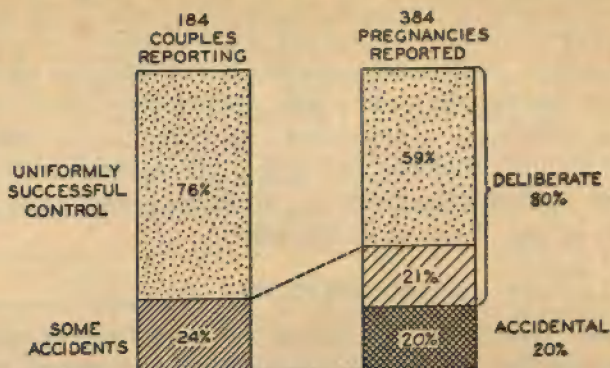


Fig. 8A. The first column shows the proportion of 184 fertile couples reporting uniformly successful control (76 per cent), or some accidents (24 per cent); and the second shows the per cent of the 384 pregnancies reported by each group, and the character of the pregnancies whether deliberate (80 per cent) or accidental (20 per cent).

## METHOD OF CONTROL AND TOTAL PREGNANCIES

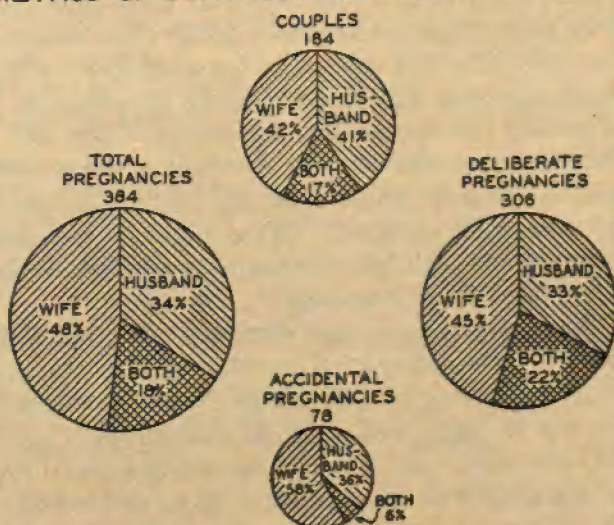


Fig. 8B. The method of control usually practiced when prevention of conception is desired, whether by wife, husband or both together is shown in the circles representing: first, 184 couples reporting; second, 384 pregnancies; third, 306 deliberate pregnancies; and fourth 78 accidental pregnancies. The last circle is the only one that shows anything about the relative success or failure of particular methods.

The female measures on the whole appear least effective but these are too varied to make general conclusions valid; also they totalled most. Furthermore it must be recalled that these measures were largely self-chosen and administered and often with defective technique. The figures are therefore not comparable to those secured in clinics, or by this gynecologist with patients for whom methods are prescribed to fit particular need, and instruction by the physician is detailed.

#### STERILITY

Involuntary sterility was one of the most frequent conditions bringing the patient to the gynecologist and one of the most stubborn; and was accompanied by a most clearly defined emotional state. It prevented pregnancy in 252 cases, nearly one in four of all under consideration in this series.

In the period of observation, 216 of these women were sterile for more than three years, and thirty-six from nine months to three years. While it is true that approximately one-half of them were under forty years of age at the close of the observation, so that they might still have had children if the sterility were cured, experience indicates that this was not likely to happen in enough instances greatly to change the percentage. The 252 do not include all the cases with periods of sterility, and no effort has been made here to learn which of the 262 mothers having but one child had "one child sterility." Were all kinds and degrees of involuntary sterility included, the group would probably be found to cover one-third of the thousand.

For further study, the 216 cases sterile for more than three years are assembled. The observation period ranges from three to forty years, with the median at eight years. Of the patients twenty-seven, or one in eight, are rated as unsatisfactory in nervous balance, fifteen simply being below par nervously, and the others seriously impaired with neurasthenia, five; melancholia, three; one with epilepsy and one with nervous exhaustion.

In some cases before the cause of sterility was found patients were referred for consultation to another gynecologist specializing in these problems. Other couples were unwilling, upon hearing that the chances of successful cure were not more than one in



five, to see that both partners undertook sufficient examination to establish a diagnosis and allot the responsibility; let alone going through the treatment. For example, in cases of sterility from tubes sealed by peritonitis there is not more than one chance in

TABLE XXI  
MAIN CAUSATIVE FACTORS IN STERILITY DISTRIBUTED IN TERMS OF SEX  
RESPONSIBILITY

	Number	Per Cent
Total Cases.....	111	100
Male responsibility.....	27	24
Semen positively defective on test.....	18	
Semen test refused by husband.....	2	
Impotence.....	4	
Vas closed.....	3	
Probable male responsibility.....	21	19
Gonorrhea.....	19	
Syphilis.....	2	
Responsibility doubtful.....	14	13
Salpingitis and pelvic peritonitis.....	11	
Hydrosalpinx and pus tubes.....	3	
Female responsibility.....	49	44
Underdevelopment, antelexion, amenorrhea.....	22	
Retroversion with endometritis.....	3	
Appendectomy.....	3	
Cervicitis with antelexion.....	3	
Obesity.....	3	
Cervix with pinhole os.....	4	
Cervicitis chronic.....	3	
Fibroid uterus.....	2	
Miscellaneous causes and complications.....	6	
(Vaginal acidity, ovaritis and cystitis, trigonitis and cystitis, post-ectopic, ovaritis, trigonitis, cervicitis, appendectomy and adhesions)		

seven of success by insufflation or by abdominal operation; and an average of only one cure in three for the rest.<sup>2</sup>

<sup>2</sup> The National Committee on Maternal Health, Inc. issued a report with an original study of the multiple causes and the low percentage of cures in 1927

A general view of the total problem in terms of the major causative factors may be had from the records of 111 cases distributed as shown in Table XXI and graphically in Figure 9.

But even this grouping has in a way a false definiteness in the assigning of causes. The more reliable part of the evidence is its

## STERILITY

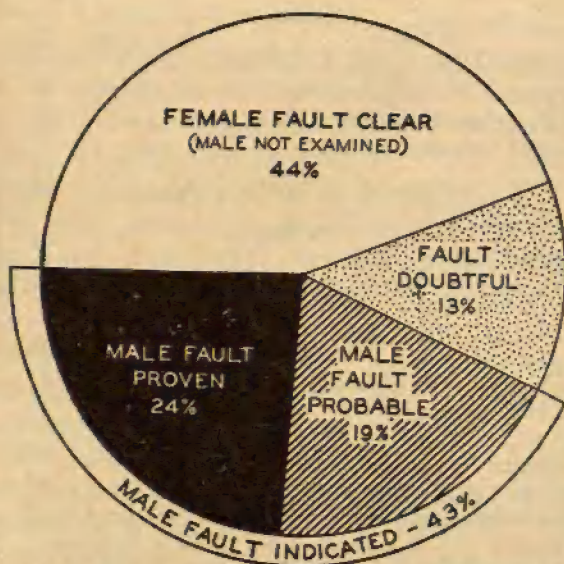


FIG. 9. RESPONSIBILITY FOR INVOLUNTARY STERILITY  
Distribution of main causative factors between husbands and wives in 111 couples complaining.

indication of multiple causes. When an obvious cause in either partner seems for the time insurmountable, the patient lets the investigation drop without finding other main or accessory causes. Thus a man found with hopelessly defective semen obscures the fact that the wife tends to obesity with amenorrhea, before it is

("Sterility, Analysis of Cures and Failures, J.A.M.A., Jan. 1927, Vol. 88) and the chairman of its subcommittee on sterility has printed several papers since that time.



known whether their sterility is of one or both; and vice versa. Again the woman with chronic cervicitis must be cured of this before another step such as insufflation can be taken in establishing a diagnosis. It is therefore unlikely that anything but a routine elaborate study of both partners could accurately place all the entering factors. In any case, and of course before radical treatment of the wife, the husband's responsibility is to be determined.

RECORDS FOR 965 PATIENTS STUDIED FOR SEX ADJUSTMENT

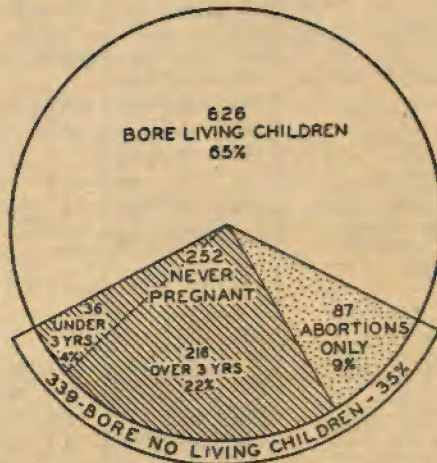


FIG. 10. TOTAL FERTILITY RECORDS OF PATIENTS

The proportion bearing living children is smaller than it would be if the figures were not skewed by the inclusion of a large number of cases coming for sterility care.

## FERTILITY

The total records of fertility in 1,098 wives are distributed as follows:

Effectively fertile; that is, bearing child.....	626
Involuntarily sterile.....	252
Less than three years.....	36
More than three years.....	216
Pregnancies all ending in abortion.....	87
Brides of less than nine months.....	74
No data.....	59

Excluding the brides under nine months, and those with no data, the general proportions in each group, are shown graphically in Figure 10.

TABLE XXII  
WIVES REPORTING PREGNANCIES, ABORTIONS AND LIVE BIRTHS

Per Capita Pregnancies	1. Wives Reporting			Per Capita Live Births				
	Total	Abortions Only	Any Live Births	One	Two	Three	Four	Five to Fifteen (Average: 4.55)
Total Wives.....	603	88	515	202	141	83	43	46
One.....	199	49	150	150				
Two.....	144	15	129	37	92			
Three.....	106	13	93	3	33	57		
Four.....	52	0	52	8	7	14	23	
Five to Sixteen (average: 5.25)....	102	11	91	4	9	12	20	46
2. Total Pregnancies and Live Births								
Total Pregnancies.....	1549	435	1114	202	282	249	172	209
One.....	199	49	150	150				
Two.....	288	67	221	37	184			
Three.....	318	78	240	3	66	171		
Four.....	208	52	156	8	14	42	92	
Five to Sixteen.....	536	189	347	4	18	36	80	209
3. Per Cent of Pregnancies with Each Result								
Total.....	100	28	72	13	18	16	11	14
One.....	100	24	76	76				
Two.....	100	23	77	13	64			
Three.....	100	25	75	1	20	54		
Four.....	100	25	75	3	7	20	45	
Five to Sixteen.....	100	36	64	1	3	7	15	38

Among the 713 women who ever conceived there were 1,915 pregnancies, of which 1,348 were carried to term and 567 aborted, a ratio of 70 to 30 per cent. There are particulars about these pregnancies in a group of 603 women, selected as representative before the whole series was completely studied. Of these 199



conceived once, 144 twice and 260 three times or oftener. Details are given in Tables XXII and XXIII.

**EFFECTIVE FERTILITY.** The general picture is shown graphically in Fig. 11 for 855 wives in terms of 100 wives. The first bar shows the number of women divided according to the total

TABLE XXIII  
RESULTS IN ABORTIONS AND LIVE BIRTHS ACCORDING TO NUMBER OF PREGNANCIES  
(Reported by 603 Wives)

Number of Pregnancies	Pregnancies			Per Capita		
	Total	Abortions	Term Births	Pregnancies	Abortions	Term Births
Grand Total.....	1,549	435	1,114	2.6	.7	1.9
One.....	199	49	150	1.0	.2	.8
Two.....	288	67	221	2.0	.4	1.6
Total Three and More.....	1,062	319	743	4.1	1.2	2.9
Three.....	318	78	240	3.0	.7	2.3
Four.....	208	52	156	4.0	1.0	3.0
Five.....	170	57	113	5.0	1.7	3.3
Six.....	120	41	79	6.0	2.0	4.0
Seven.....	70	25	45	7.0	2.5	4.5
Eight.....	40	17	23	8.0	3.4	4.6
Nine.....	27	1	26	9.0	.3	8.7
Ten.....	40	20	20	10.0	5.0	5.0
Eleven.....	11	6	5	11.0	6.0	5.0
Twelve.....	—	—	—	12.0	—	—
Thirteen.....	13	9	4	13.0	9.0	4.0
Fourteen.....	14	3	11	14.0	3.0	11.0
Fifteen.....	15	9	6	15.0	9.0	6.0
Sixteen.....	16	1	15	16.0	1.0	15.0

number of pregnancies reported, 252 with none, 199 with one, 144 with two and 260 with three or more apiece.

The second bar shows the total number of pregnancies, 1,549, and is similarly divided according to the number of pregnancies among each group of women: that is, 199 with single pregnancies;

288 of those with two pregnancies apiece; 1,062 for those with three or more.

These sections are further marked with solid portions to indicate the number of abortions reported in each group of pregnancies, that is: 49 among 199 single pregnancies; 67 among 288 of those with two pregnancies apiece; 319 among the 1,062 of those with three or more apiece.

### PREGNANCIES AND OUTCOME

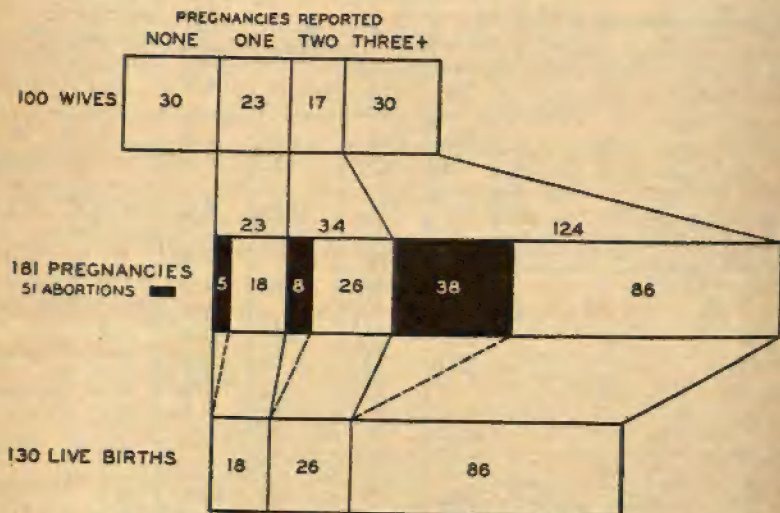


FIG. 11. PREGNANCIES AND OUTCOME

First bar represents distribution of 855 women married over nine months, in terms of 100 wives reporting either no pregnancies or one, two, three or more apiece.

Second bar represents distribution of 1,549 pregnancies, using same unit of measure as the wives. The third bar shows the distribution of 1,114 live births, after the deduction of 435 abortions.

The third bar shows the 1,114 live births, and is made up by combining the remaining pregnancies in each section after taking out the abortions. Thus of 199 single pregnancies 150 live births resulted; of 288 pregnancies among the women with two apiece, 221 were carried to term; and 742 for the 1,062 pregnancies of women with three or more apiece.



The first and third bars compared show the total effective fertility of these 855 women—an average of 1.30 living children per capita. Or, among the 603 women who ever conceived, an average of 1.75 per capita.

**ABORTIONS.** In Table XXIII the number of women reporting each number of pregnancies is shown, together with the result in abortions or births at term. As the figures for stillbirths at term, and neo-natal deaths were not complete these items have been omitted and "deliveries, or births, at term" used instead of "live births" or "living children," though as a rule the latter would be fairly correct. No account either is taken here of the character of the abortions, whether induced or spontaneous, because of insufficient data. The majority reported are believed to be spontaneous, since these occurred after deliberate conceptions.

Among 603 women reporting a total of 1,549 pregnancies, 88 reported that all their 150 pregnancies had ended in abortion, and 515 had 1,114 full term deliveries out of their 1,399. Over half, 343, had one or two pregnancies and the remaining 260 had from three to sixteen, averaging 4 apiece. The number with deliveries at term varied from 202 with one, to one with fifteen; only 172 having more than 3 children born at term.

In the right side of Table XXIII the results are shown according to the total number of pregnancies per woman. From this it may be seen that while the 603 women averaged 2.6 pregnancies apiece, resulting in 0.7 abortions and 1.9 births at term, these results varied according to the total number. So that, the women having only one pregnancy lost 0.2 by abortion and carried 0.8 to term and those with two averaged 0.4 abortions and 1.6 births at term. While those with three or more, who averaged 4.1 per capita, lost 1.2 and carried only 2.9 to term. Thus, while the effective fertility doubles with the second pregnancy, thereafter it falls, so that with an average of 4, which should bring 3.2 to term, only 2.9 are carried to term.

The total ratio of abortions to births at term was 39 per 100. If this be calculated according to the per capita number of pregnancies involved, it is found to increase as follows:

One and two pregnancies.....	30
Three and four.....	33
Five and more.....	55

This however must not be assumed to mean that incidence of abortion is directly correlated with the degree of parity; while this is true, these figures cannot show it. Only by comparing the actual number of abortions occurring in the pregnancies of each order, first, second, third, etc., can such a statement be made. Figures are available in the requisite detail for only 79 women, who reported two or more pregnancies apiece totaling 280, and who lost one or more by abortion. The details are shown in Table XXIV and are given only because this particular question is so often raised, and because so few data are available anywhere.

From this it may be seen that while only 26 women had only two pregnancies apiece, there were 79 pregnancies of the second order represented in the whole series. Of these 38 ended in abortion or 48 per cent. In the whole group 79 first pregnancies were also represented and of these 24 were lost or 30 per cent. If all the orders after the first are counted, it will be found that of 201 pregnancies, 98 were lost, or half again as many as in the first order.

There were so few women with more than two pregnancies apiece that the separate figures for this result in later orders are not significant. They fluctuate as follows:

First.....	30
Second.....	48
Third.....	42
Fourth.....	39
Fifth.....	50
Sixth.....	40
Seventh.....	67 <sup>n</sup>
Eighth.....	32

These are rather different results from those obtained by a similar study of figures from a birth control clinic, whose clients are presumably of a different social class. Here the figures run more as follows for prenatal losses according to order of pregnancy.<sup>3</sup>

<sup>3</sup> Unpublished figures from the Mandel Clinic, Michael Reese Hospital in Chicago, furnished by Irving Stein, M.D.



TABLE XXIV

INCIDENCE OF ABORTION ACCORDING TO ORDER OF PREGNANCY AMONG WOMEN  
REPORTING TWO OR MORE PREGNANCIES AND ONE OR MORE  
ABORTIONS APIECE

Order of Pregnancy	Total		Pregnancies in Each Order							
	Women	Pregnancies	1	2	3	4	5	6	7	8
Total.....	79	280	79	79	53	34	18	8	6	3
First.....	—	—	—	—	—	—	—	—	—	—
Second.....	26	52	26	26	—	—	—	—	—	—
Third.....	19	57	19	19	19	—	—	—	—	—
Fourth.....	16	64	16	16	16	16	—	—	—	—
Fifth.....	10	50	10	10	10	10	10	—	—	—
Sixth.....	2	12	2	2	2	2	2	2	—	—
Seventh.....	3	21	3	3	3	3	3	3	3	—
Eighth.....	3	24	3	3	3	3	3	3	3	3
Abortions Reported Occurring in Each Order										
Total.....	79	114	24	38	22	13	9	3	4	1
First.....	—	—	—	—	—	—	—	—	—	—
Second.....	26	26	9	17	—	—	—	—	—	—
Third.....	19	20	7	7	6	—	—	—	—	—
Fourth.....	16	27	4	6	9	8	—	—	—	—
Fifth.....	10	17	2	2	4	3	6	—	—	—
Sixth.....	2	3	—	1	—	—	1	1	—	—
Seventh.....	3	9	—	3	1	1	1	1	2	—
Eighth.....	3	12	2	2	2	1	1	1	2	1
Deliveries at Term Reported in Each Order										
Total.....	—	166	55	41	31	21	9	5	2	2
First.....	—	—	—	—	—	—	—	—	—	—
Second.....	26	26	17	9	—	—	—	—	—	—
Third.....	19	37	12	12	13	—	—	—	—	—
Fourth.....	16	37	12	10	7	8	—	—	—	—
Fifth.....	10	33	8	8	6	7	4	—	—	—
Sixth.....	2	9	2	1	2	2	1	1	—	—
Seventh.....	3	14	3	—	2	2	2	2	1	—
Eighth.....	3	12	1	1	1	2	2	2	1	2
Ratio Abortions to 100 Deliveries.....	—	68	44	93	71	62	100	60	200	50

First and second.....	10
Third.....	20
Fourth and fifth.....	28
Sixth and over.....	51

These include stillbirths and neo-natal deaths with abortions.

**FERTILITY AND AGE.** The difference between the total fertility of women below and past forty years old at the time of record is shown in Table XXV in 973 cases. The 550 under forty reported 1.67 pregnancies apiece, 0.53 abortions and 1.14 live births, while the 423 over forty averaged 2.24 pregnancies resulting in 0.63 abortions and 1.61 live births. The average number of pregnancies is seen to increase only by 0.57 in the years over

TABLE XXV  
RELATIVE FERTILITY: GROUPS BELOW AND OVER FORTY

	Total	Age Group	
		Under Forty	Over Forty
Mothers.....	973	550	423
Pregnancies.....	1,868	919	949
Abortions.....	561	294	267
Live Births.....	1,307	625	682
<i>Per Capita:</i>			
Pregnancies.....	1.93	1.67	2.24
Abortions.....	0.59	0.53	0.63
Live Births.....	1.35	1.14	1.61

forty. The ratio of abortions to live births however drops from 47 to 39 per hundred.

The general picture emerging is that of a woman approaching the end of her child bearing period with two deliberate pregnancies, of which one is carried to term and the other with about an equal chance between abortion and delivery. Variations are enormous, and more significant than the type, but these are best observed as individual cases.

#### HEALTH, SEXUAL ADJUSTMENT AND FERTILITY

The facts show a discernible difference between happiness and unhappiness, but little between good and poor health as factors in fertility.



The ratio of general health and nervous balance to fertility remains approximately constant in all groups, as may be seen in Table XXVI. Perhaps this suggests that it is no harder to have children than to go without them, but there is no way of knowing whether it always has meaning. Perhaps the ill health was more often an incident than a constitutional manifestation. A woman with several children in the good health group is offset by one with several children in the group seriously unbalanced nervously and the placid and nervous nullipara likewise are in proportion.

TABLE XXVI

FERTILITY AND GENERAL HEALTH AND NERVOUS BALANCE MEASURED BY PREGNANCIES, ABORTIONS AND DELIVERY AT TERM

General Health and Nervous Balance	Total				Per Capita			Ratio Abor- tions per 100	
	Women	Pregnancies	Abortions	Deliveries at Term	Pregnancies	Abortions	Deliveries at Term	Pregnancies	Deliveries at Term
Total cases.....	1,098	1,915	552	1,363	1.8	0.5	1.3	29	40
A. General Good Health..	635	1,028	293	735	1.6	0.5	1.1	29	40
Recorded.....	198	348	87	261	1.8	0.4	1.4	25	33
Nothing to contrary..	419	575	161	414	1.4	0.5	0.9	28	39
Undesignated .....	18	105	45	60	5.8	2.5	3.3	43	75
B. Nervous balance below par.....	298	587	189	398	2.0	0.7	1.3	32	48
C. Balance seriously impaired .....	165	300	70	230	1.8	0.4	1.4	23	30

The nervous disturbance of the histories has no doubt often been recorded when it was at its peak—notably at menopause or as early and diffuse manifestations of unsatisfied sexual and life adjustments. Figure 12 illustrates this distribution of fertility and health.

The data on marital adjustment and fertility, however point toward the fact that *sexual adjustment has a meaning for fertility*.

The figures in the different groups vary but there are indications that if the figures were larger, and all groups of the same size, it would be found that passionate women have the most, and women

with dyspareunia, the fewest pregnancies; the trend being as shown in Table XXVII and Figure 13, while the number of pregnancies does not depend in great measure on qualitative adjustment, the figures about sterility are reiterative upon the status of maternity in passionate wives and in those with dyspareunia.

All the foregoing rests upon figures as to the total groups of marriages. Narrowing the issue to women who have passed the period of fertility points again to a trend to lessened fertility in

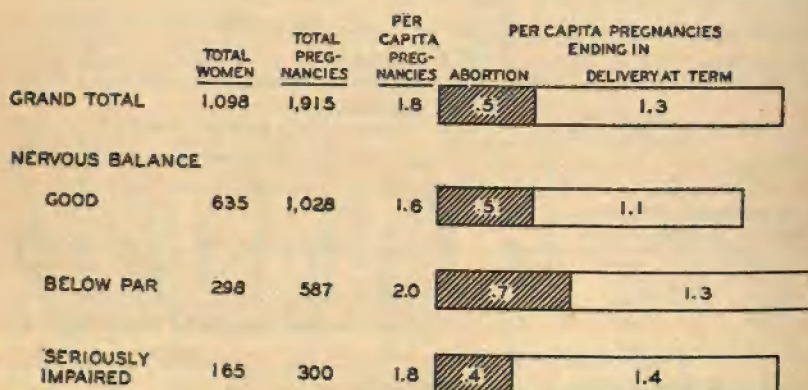


FIG. 12. RELATIVE FERTILITY ACCORDING TO GENERAL HEALTH AND NERVOUS BALANCE

As shown by per capita pregnancies, abortions and deliveries at term reported by women in general health classes. For these figures the total average results are given, without excluding sterile cases, or reference to time married.

patients with dyspareunia and a heightened fertility in those who are passionate.

If those happily adjusted sexually are compared with the maladjusted using quantity of children as the index, it is found that 40 per cent of the former have two or more children as compared with 28 per cent of the latter. Thus, among the group of 633, made up of the widows, passionate, controls and adjusted, 255 women have families of two or more; while of the 415 frigid, maladjusted, separated and divorced, and dyspareunia patients, only 115 have two or more children. (Figure 14.)



TABLE XXVII  
FERTILITY RECORD ACCORDING TO ADJUSTMENT IN MARRIAGE

Class	Wives		Married		Sterile			Pregnant			Per Cent With Live Births (Married over 9 Months)
	Total	With Fertility Data	Under 9 Months	Over 9 Months	Total	Less than Three Years	More than Three Years	Total	with		
									Abortions Only	Live Births	
Total.....	1,098	1,039	74	965	252	36	216	713	87	626	65
Adjusted.....	363	333	18	315	72	17	55	243	29	214	68
Controls.....	200	192	7	185	31	0	31	154	13	141	76
Dyspareunia.....	175	170	12	158	80	14	66	78	11	67	42
Frigid.....	100	97	2	95	26	3	23	69	9	60	64
Maladjusted.....	100	98	4	94	24	0	24†	70	14	56	50
Brides.....	50	50	30	20	1	1*	0	19	2	17	34
Widows.....	40	37	0	37	9	0	9	28	3	25	67
Separated and divorced.....	40	39	0	39	8	0	8	31	4	27	70
Passionate.....	30	23	1	22	1	1	0	21	2	19	60

\* Bride under care for suspected sterility.

† Include 4 cases voluntary sterility, using contraceptives.

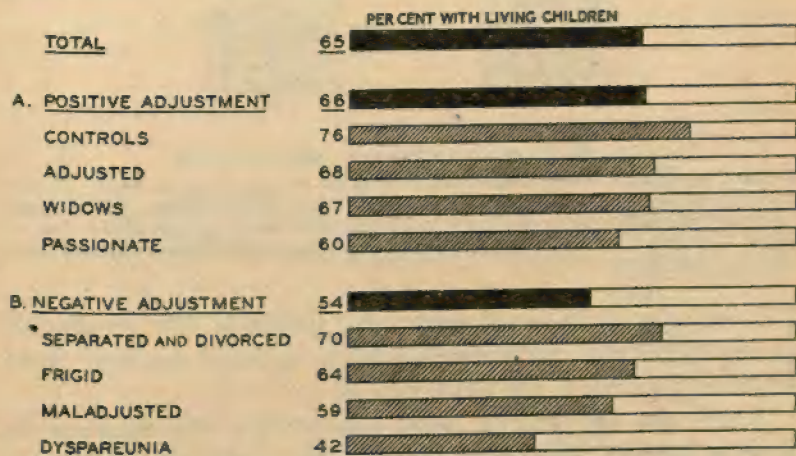


FIG. 13. EFFECTIVE FERTILITY AND MARITAL ADJUSTMENT

The hatched sections of the bars represent the proportion of each class of adjustment, who bore living children, omitting brides.

The factor of sexual maladjustment shows most plainly when sexuality, health and fertility are studied together.

The whole number of women who are in less than good health is 463; they have 882 pregnancies, or 1.90 per capita of which 628 are living children or 1.35 per capita. Those who are in apparent good health are 618, with 923 pregnancies and 675 children which makes 1.50 pregnancies and 1.09 living children per capita. The

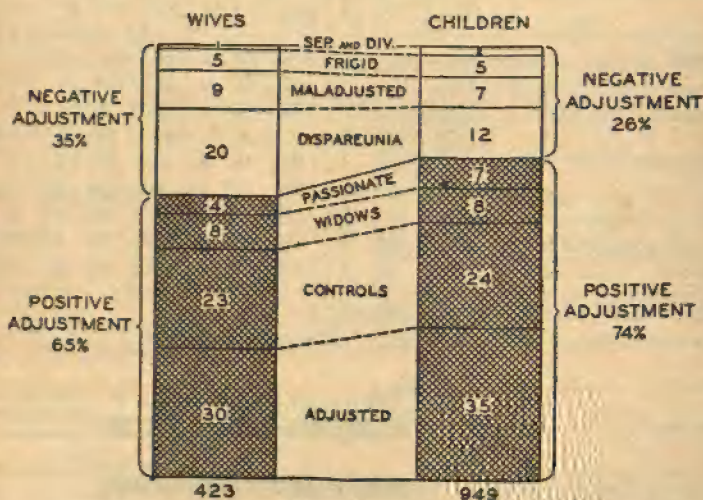


FIG. 14. MARITAL ADJUSTMENT AND FERTILITY

The first column shows proportion of women of over forty in each class of adjustment; the second the proportion of total living children borne by each class. The hatched portion includes the wives and children in the groups adjusted positively to marriage, who bore a relatively larger number of children than their numbers warranted.

predominance of ill health over good health in this connection merely means that the former tended to be older and were more nearly at the close of the fertile period.

Within the two groups below par or seriously impaired in nervous balance, the record of the negatively adjusted; with dyspareunia, frigidity, separation and divorce and maladjustment is that 182 women had 238 pregnancies and delivered 167 children, or 1.30 pregnancies and 0.92 children per capita. That is



to say with every additional unfavorable element, the fertility of these groups goes lower.

#### CONCLUSIONS

In a group relatively high in economic and social status, the fertility is controlled consciously in the majority of cases.

The degree of involuntary sterility is high.

The total effective fertility is therefore low and in contrast to the manifest desire of the majority for fecundity.

Poor health and poor nervous balance are not shown as necessarily or in themselves deterrent to fertility.

There are indications that imperfect sexual adjustment is a positive deterrent.

Conclusions as to "upper class fertility" cannot be drawn from these figures, because the group is not *medically* representative, though it is economically and socially of the higher grades of urban life. Thus fifteen per cent had applied originally to the specialist because of sterility, and in the whole group over one-third had various degrees of sterility at some time during the observation.

## CHAPTER XII

### WIDOWS

*FORTY cases in general comparable with those of the married except that the average widowhood has lasted twelve years, are studied in three groups especially with regard to the persistence of sexual desire. Those under forty years old show malaise but lack definiteness; those of the forty to sixty decades are sexually avid but unwilling to marry any man who compares unfavorably with the idealization of the husband's memory; those of over sixty have been driven back upon the self for sexual satisfaction. The case histories illustrate only the last two groups.*

**F**ORTY is the actual number of widows in a thousand available cases of the married, when the patient is defined as widow if the more detailed observations were made in widowhood. To analyze a unit so selected has seemed preferable to the establishment of a larger group. There are of course in the total histories of the gynecologist, a considerable number of widows, for whom no special record of sex history was compiled.

These are the older women. Difference in age is apparent in the first diagnosis. Not one comes about contraceptives, sterility appears only once, pregnancy only twice; cervicitis, the standard minor complaint among the younger women, here appears once, antelexion and retroversion, never. The bladder is a chief difficulty, with four cases of cystitis, pyelitis and trigonitis, while the lacerated pelvic floor with enteroptosis, cystocele and rectocele with use of the pessary instead of operation, occurs nine times. The nine incidents of inflammation are senile endometritis, vaginitis, vulvitis, and hyperplasia of the uterus. The menstrual trouble is menorrhagia and metrorrhagia in four patients; four more have illness suspected as of climacteric origin. The six cases of growths include two of cancer, always suspected as possible in a small per cent of polyps and fibroids.



The patients are relatively calm. The period of bladder trouble, growths and prolapse has triumphed over nerves to the extent that the nervous aura is not here. That pervasive and characteristic mist which suffuses the nervous patient's record is lacking. Except for a few outstanding cases of actual unbalance, the group is relatively sound. Twenty-six are presumed to be in good health; ten are somewhat delicate but only three of these are called nervous. The four cases of unbalance show one each of manic-depressive psychosis and melancholia, and two of senile dementia.

The typical patient of this section is fifty-two years old and has been a widow for five years before coming to the gynecologist who observed her for twelve years.<sup>1</sup> The characteristic description is that she is small, quiet, plainly dressed, of good manners, dignity, and never of erotic behavior, working to support herself, usually at the simpler, older forms of vocation.

The occupation and economic status of nine are unknown. Of women who are not wage earners, two apparently have independent incomes; two have always had money and four more are described as the wealthy widows of business men; three more are society women, widows of lawyers; one was a physician who gave up practice after her marriage. Four, widows respectively of a clergyman, a dentist, a teacher, and an insurance agent are not working. Others continue to work, including four nurses; one woman is an interior decorator; three are teaching; one is a stenographer and one a saleswoman. Six are self supporting as housekeepers, keepers of boarding houses and maids and one is a milliner.

Returning again to the median age of fifty-two at which the patient came in widowhood, we find that some of them were also

<sup>1</sup> Widowed:

For one year.....	5	For nine years.....	3
For two years.....	7	For ten years.....	1
For three years.....	1	For twelve years.....	1
For four years.....	3	For fourteen years.....	1
For five years.....	1	For sixteen years.....	2
For six years.....	1	For twenty years.....	2
For seven years.....	1	For twenty-three years.....	1
For eight years.....	1	No data.....	7

seen during married life or even as single women. The exact ages of the observation period in forty cases are as shown in Table XXVIII. To summarize: Thirteen patients were seen for not more than a year; three from one to five years; three from five to ten years; six from ten to fifteen years and five from fifteen to twenty

TABLE XXVIII  
PERIOD OF OBSERVATION FOR FORTY WIDOWS

Case	Seen		Total Years	Case	Seen		Total Years
	From Age	To Age			From Age	To Age	
1	14	46	32	21	39	49	10
2	20	39	19	22	40	40	—
3	27	27	—	23	41	58	17
4	28	29	1	24	42	42	0
5	28	52	24	25	43	54	11
6	29	39	10	26	44	52	8
7	30	46	16	27	44	52	8
8	30	53	23	28	46	46	—
9	31	31	—	29	47	67	20
10	32	32	—	30	48	48	—
11	32	54	22	31	48	62	14
12	33	54	19	32	48	62	14
13	33	58	25	33	50	56	6
14	35	57	18	34	51	51	—
15	35	60	25	35	51	55	4
16	35	67	32	36	60	60	—
17	35	79	44	37	60	74	14
18	37	37	—	38	62	62	—
19	37	60	23	39	65	66	1
20	38	38	—	40	66	66	—
Average.....					40	52	12

years; five from twenty to twenty-five years; two each from twenty-five to thirty; and thirty to thirty-five years; one from forty to forty-five years.

The length of these periods of observation gives exceptional opportunity to see in reminiscence the life cycle of the patient. These patients see the twenties only in memory, therefore this is



not the same thing as the actual life cycle, which should be observed as it goes along. Nevertheless, it recounts what the patient believes to be true, or what she wants to believe. Biased by widowhood, she unfolds in retrospect, the emotional development of a type. While the major evidence is of middle life, these age limits include the adolescent school-girl, the young lady at home, the fiancée, the bride, the young mother, the grandmother and wrinkled old age.

In every case a persistent sexual desire presses, translated in varied forms from age period to age period. The outstanding contribution of the cases is thus a handicapped but vigorous synthesis of sexuality. This chapter concentrates upon material illustrative of this aspect of widowhood.

This material divides the patients by age into three groups—those under forty years, those from forty to sixty, and those over sixty years of age, proceeding first to the analysis of the data from the case histories.

Obviously the generalizations following are drawn entirely from these forty cases of widowhood. It is necessary to remember that they were selected by the fact that along with the medical story, they told, or their genital examination suggested, an accompanying sex experience.

The study does not imply that these conditions are representative. It would not defend a protest that such cases are unusual. They may be so. They are to be regarded merely as the illumination of a possible development.

#### THE GROUP FROM FORTY TO SIXTY

"Forty to sixty," in this connection, means that the end of the period of observation and its most characteristic data came in these years.

In the eyes of others, these women are fulfilled, blossomed, tacitly withered. Already the world withdraws from them that subtle appreciation bestowed on these who still have passionate promise. Yet in her inmost self, the patient finds that this is not true. A combination of circumstances has made this period one of her peaks of passion. Conflict between what she wants

and what is expected of her may go on actively for a long time. The single woman's conflict is with imagination; the married woman's conflict is with reality; this third conflict is that mingling of imagination and reality which mourns the dead. The dead sexual life takes on the value of all dead things, creates its own ideal and feeds the living desire. Without knowing how much is physical vitality and how much a need of the personality for life, the records for this age group bear witness to the height of avidity in sexual manifestation.

There are twenty-one cases, eight aged from forty to fifty, and thirteen from fifty to sixty. Four are below par in health, but none seriously so; five had during the period the removal of the uterus without removal of the ovaries. The extremes of menstrual history were past; dysmenorrhea is noted three times, menorrhagia and irregularity once each. They had had fifty pregnancies and delivered thirty-six living children, thus reaching before the husband's death approximately the per capita reproductive power of the thousand cases.

The first evidence of sexual desire is that practically all these cases practice auto-erotism; they usually admit it, explaining quite simply that they "have to." Four use a vaginal and one the urethral method. Of the three about whom there are no data, one has no record of pelvic examination. The other two have no notes; one has a goitre and complains at menstruation of a swelling of the vulva which began at puberty. The other was erotic at pelvic examination. This comes close to saying that all are auto-erotic.

The histories contain six such notes as "typical smooth thick labia of auto-erotism, (the atrophy that follows hypertrophy) scalloped edges, with glands but no large glands, though she says she is 'too tired to be tormented.'" . . . At menopause, fifty years old, she admits self-relief; this continues, sometimes brief, sometimes "to put myself to sleep," gaps, then more than once; she has no remorse, thinks it never did any harm but is shy about it. . . . She had unshrunk, continuing labial enlargements during menopause at forty-seven. . . . At fifty-five, years after the husband's death, the meatus is red and outrolled,



the vagina four inches posterior by two inches anterior reach, introitus three fingers two joints, that is, without the shrinkage of neglect nor accounted for by laceration or prolapse. . . . At fifty-nine the hypertrophies are shrinking; the husband died at thirty-nine; she says auto-erotism was at its worst following a hysterectomy for cancer, at forty-one. . . . She "used a candle" (she is forty-eight years old) "it caused bleeding, climax as soon as it entered."

Together with the comment about auto-erotism, notes of another kind are interspersed as in the following cases: "At forty-nine, she takes daily douches, the labia minora are large. She talks very little about sex but probably has the constant congestion of desire suppressed. She says she has had strong (mutual) excitement but not coitus, with a friend who is separated from his wife. At fifty-four, beyond the menopause over three years, she is terribly nervous, wants to cry all the time, has much sex feeling. All her doctors agree she needs an absorbing occupation. At fifty-five, she has the gynecological office habit for pelvic congestion." . . .

An erotic meaning, not clearly known to the patient, is in the profuse vaginal catarrh which synchronizes with less sexual activity; the vaginal douche, rectal enema or massage; and the over-dependence on the gynecologist, emphasized by eroticism at pelvic examination. These are substitutes for heterosexuality.

A notable item about these records of all forms of auto-erotic practice in this age group is that there are no entries of mental conflict. The conflict is about coitus. Nine women of this group of twenty-one have apparently had coitus in widowhood, sometimes with more than one man; seven of them freely admit it. One was delivered of an illegitimate child; two others became pregnant and miscarried.

Returning again to the woman who used a candle, this was only following the death of a bachelor with whom she had intercourse for several years. She was widowed at twenty-eight and had no coitus for a long time. Then intercourse was monthly or semi-monthly, she finishing two or three times. They were undressed, used contraceptives, desire was just the same after

menopause; he wanted coitus oftener but she feared for her reputation. The case histories given at the end of the chapter contain accounts of three alternatives; of coitus, of all-but coitus, in which every chastity except that of the vagina has been broken; and of the suffering of denial.

Significant elements of similarity keep appearing in these cases. First, the marriages now appear sexually golden. Just as once, long ago there was a crystallization in the bridegroom of the ideals of girlhood, so now after the separation that crystallization reappears. Wifehood was happy. Sex life with the husband was interesting and desirable. The wife smoothed and tranquillized by time, had assimilated the experience of marriage and viewed it with the sympathy accorded to one's own life. There is no evidence that the sexual life before marriage was keyed at more than the normal pitch, there are no records of unusual engagement behavior.

Second, there appears consistently as an attitude about the power of sex, an acquiescence, not a denial. In a matter in which the typical woman finds it hard to say yes, this is notable. Forty wives with living husbands selected at random from the remaining histories might not find this complete acquiescence. One aspect of this is the reports of the frequency of coitus—in marriage "every other night," "daily in the evenings, sometimes night and morning," "once or twice a week, long play with powerful climax." Is this what the patient would have told within the actual coital period?

Third, in spite of feeling passion and belief in the need of expressing it, the ego is stronger than the sexual desire and the woman refrains from a second marriage. Deterrents, about which there are few data—perhaps her children, perhaps her idea of his mentality—lead her to decide that while she yields to sexual relationships with a man, she is not willing to marry him. In this connection, the evidence permits observation of the kind of bias the woman shows in sexual selection. Whether the man was or was not as eager for marriage as she implied, it would appear that she always felt him inferior.

The patient who said she was raped and who had an illegitimate child, recounts a habit of choosing a man who was not her equal.



She married a day laborer in her mother's employ, knowing that he took drugs and she afterward co-habited with several younger men. Another who refrained from coitus and had no image of a satisfactory man in mind, dreams continuously "horrid dreams of Negroes, and dogs on me."

#### WIDOWS UNDER FORTY

One way to study the patient under forty years old, is through the histories of those observed both before and after the fortieth year. There are four such cases in the forty histories; two offer important illustrative material. One, last seen at forty-six, is working as a saleswoman, the mother of an illegitimate child, the father a married man who declines to help in its support.

The earlier life which permitted this denouement offers its own explanation. She was a well brought up girl, from a home insistent on high standards of conduct and culture. In the teens auto-erotism troubled her as shameful. She was not the type who could marry easily, and waited until she was approaching thirty before choosing a man of strongly idealistic type. He was supporting so many members of his family, that they "could afford no children." This economic burden and the fear of pregnancy lasted twelve years to such a degree that in coitus he rarely entered. She formed the habit of an incomplete satisfaction which always wanted more and was never easily satisfied in her own attempts at substitution. After his death, she is immediately exposed to the dangers resulting from the earlier sexual inadequacy—"never imagined before what coitus was like."

The other case has come, at fifty-five, to shrinking labia and thinking that sexual feeling is abnormal at her age. She lives discretely, denies sexual relationships, modifies some of the facts of her early sex life. It is necessary to go back to records made on the days of her visits twenty years ago to realize that she has had dyspareunia, frigidity and finally excessive passion in a marriage on the whole fairly satisfactory in sexual adjustment.

There are eight accounts of widows seen between twenty-eight and forty years of age. They are very different in character

from the preceding group. The husband has been dead from one to four years; one woman knows that she was sterile, one had one child, the others had none. Three are below par nervously and one inclines to depression, almost melancholia. All practice auto-erotism, three by vaginal, one by urethral method. Three are erotic at pelvic examination. One suffers from erotic dreams.

These histories lack the sexual definiteness which characterizes the later period. The patients are ailing, unhappy, discontented, full of vague desires, complaining of periods, (menstruation is painful twice and excessive twice) inclined to be afraid, easily fatigued, with a feeling that they have never had complete sexual satisfaction.

#### WIDOWS OVER SIXTY

The upper age limit in this group of eleven women approaches the eightieth year. As wives, two had no children. The others had from one to four, a total of nineteen children (one dead at birth) and three abortions. All had a fair degree of health, but four had come to some kind of mental breaking—one to manic-depressive psychosis, one to melancholia, two to manifestations of senile dementia. Menstruation is mentioned three times, as pain and excess at menopause. Three women have had hysterectomies, the ovaries remain in two cases, in the other there is no information.

No case is without its manifestation of some form of sexuality. However, sexuality has turned away from other relationships and centered again upon the self. They have been widowed for long years—eight—ten—twenty—twenty-three—and thirty. Four husbands are spoken of as disappointments, and one woman had had an illegitimate child. The desire for sexual relationships is no more confided voluntarily.

Pelvic examination indicates that memories or physical excitability give a strong reaction in the office of the gynecologist. Extreme distaste may appear or such vulvar congestion, marked mucous wetness and erotic behavior, even at seventy-five, that it is desirable to relieve the patient's embarrassment by hurting her, lest she have orgasm.



Auto-erotism emerges as a problem. All practice it, three by a vaginal method, one also by the urethra, the others presumably by vulva. It is embarrassing for any one of these patients to admit this even to herself. She thinks sex is a disgrace at her age and when she consults the doctor she wants him to fight with her against her "worst self." This has been a serious factor in the case of manic-depressive psychosis. Two patients had pruritus and one of these had erotic dreams and took douches. Another had the vaginal catarrh of sexual excitement. Another told long imaginative stories to the police about men seizing and binding her, and was a kleptomaniac.

#### REMINISCENCES OF SEX EXPERIENCE IN MARRIAGE

It helps to understand the total emotional problem of the widow, if her memories of sex life with her husband are assembled, so that they may be seen as a whole. Together with these memories, there are listed as comment, pertinent factors either in marriage or in widowhood. The accompanying summary is given by twenty widows, seventeen of whom are more than forty years of age.

<i>As recalled at</i>	<i>After</i>	<i>During ages</i>	<i>Coitus was</i>
Sixty.....	14 yrs.	18-46	Daily; she had two orgasms; they never saw each other naked.
Thirty-one.....	4 yrs.	26-27	Daily.
Fifty-one.....	30 yrs.	19-21	Daily at first, later twice a week; for five minutes; she had orgasm; he was selfish; she had dyspareunia.
Thirty-eight.....	1 yr.	28-37	Daily; for fifteen minutes; no orgasm; contraceptive was withdrawal and she secured a climax by herself afterward.
Forty-eight.....	20 yrs.	20-28	Daily; for five minutes; she had orgasm; in widowhood coitus was once or twice a month, 20 minutes, two climaxes.
Thirty-six.....	6 yrs.	25-30	Daily; instantly; no orgasm; dyspareunia, "never feeling," they separated.
Fifty.....	8 yrs.	23-42	Every other day; fifteen minutes, no orgasm; contraceptive was withdrawal, and she secured a climax by herself afterward.

<i>As recalled at</i>	<i>After</i>	<i>During</i> <i>ages</i>	<i>Coitus was</i>
Fifty.....	20 yrs.	22-30	Every other day; any length of time; several orgasms; coitus in widowhood.
Forty-two.....	10 yrs.	16-32	"Nearly every night at the last;" fifteen minutes; several orgasms; withdrawal was the contraceptive.
Forty-one.....	2 yrs.	21-39	Twice or three times a week;
Fifty-five.....	32 yrs.	16-21	(First husband) daily; no orgasm; she never had enough coitus.
Fifty-five.....	2 yrs.	34-53	(Second husband) twice or three times a week; thirty minutes; several orgasms; in the second marriage she was near nymphomania.
Fifty.....	21 yrs.	24-29	Twice a week; thirty minutes; orgasm; auto-erotism was persistent in widowhood.
Forty-six.....	9 yrs.	26-37	Once or twice a week; instantly; orgasm.
Forty-eight.....	11 yrs.	24-37	Once or twice a week; thirty minutes; orgasm; several lovers in widowhood, with one, coitus was once or twice a week; with another, nightly.
Fifty-three.....	17 yrs.	20-36	Once a week.
Forty-six.....	3 yrs.	31-43	Once a week; two minutes; by clitoris friction only; she wanted coitus often and contraceptive method used was no entry. Coitus in widowhood with two men.
Thirty-seven.....	1 yr.	23-36	Once a week; five minutes; orgasm; coitus in widowhood, withdrawal the contraceptive.
Forty-two.....	1 yr.	17-41	Three times a week to thirty-nine, once a week to forty-one; orgasm; indifferent to thirty-nine sexually.
Forty-five.....	5 yrs.	28-40	One to three times a month; orgasm; both husband and wife were too tired for coitus.
Sixty-two.....	2 yrs.	30-60	Once to three times a month; he was impotent; no orgasm; he had syphilis.

A comparison of this material with the same data for forty couples from any other group seems to show again the aura about the departed. Eleven women remember coitus as of daily or every other day occurrence during the whole married life, although the average of this book is once or twice a week. The husband's length of intromission is also relatively long; it is unlikely that twenty cases taken at random from the married



would provide three men able to hold an erection for thirty minutes or four women having more than one climax at each session of sexual union. The patient who secured several orgasms in spite of withdrawal as a contraceptive is exceptional. This is not ordinary. Did it really go on for years?

In these forty cases it is intended to show only one item—namely the persistence of sexual desire in varied forms. For this reason, the case histories following are selected from the twenty-one having the most varied experience. Nine other unpublished histories contain discussions of sex and admission of its importance. Ten have no evidence except in the signs of autoerotism, and the evidence of pelvic congestion. For the validity and meaning of this anatomical evidence of self-relief, see Chapter IV.

*Case 533.* A small and alert widow, about forty-five years old, quiet, with speaking eyes, has a long history of sexual desire in widowhood, "virgin all these years, it was perfect hell." . . . She was first seen for the delivery of one of her children. Now she has irritable bladder and persistent polyp. The doctor who referred her said the cause might be widowhood.

She says she was erotic before engagement and during engagement had "all but intercourse." The first child was born easily and early, the next, two years later, the last after some years. The contraceptive was withdrawal for a week after period and a douche the rest of the time. Coitus averaged every other night and sometimes night and morning; she always reached the climax twice, always more than one to his one. They had every variety of freedom including cunnilingus; never exhausted, always the better for it. The husband could keep erection any length of time. . . . After his death she had years of fierce torment but was restrained by fear of loss of reputation and of pregnancy. He had spent money as fast as he made it, left her nothing, she had to support herself in widowhood.

At fifty menstruation is two weeks delayed and she is crazy with fear about a possible pregnancy. She has had coitus four times, and since, has been in terrible anguish of mind. . . . The man is a widower, prominent, sexually starved for years, innocent and ignorant; his wife had been an iceberg. She had poor satisfaction; he used a condom without lubrication and he could wait only briefly. The vulva admits

whole hand; there is good levator contraction. . . . I tell her to marry. "All the good men are married already. . . . He does not talk marriage." They would not be happy together, he has no mentality. They excite each other extremely on auto rides, but he is horribly scared by their previous experience and makes no entry. Therefore she is highly nervous.

Later, she has had a long strain with the illness of a sister and much less desire. She has had several times of excitement with him. She has had no menses for several months but refuses to tell him. . . . She does not want to give up his fear of getting her pregnant.

*Case 848.* A well-to-do woman, remarkable parents, very cultivated, a widow for some years, is first seen for menorrhagia before forty.

She had treatment for dysmenorrhea at seventeen without relief; at twenty a doctor said prolapse and anteversion; two years treatment then and "cystitis" both before marriage and after; nervous prostration before marriage in the early twenties; dysmenorrhea disappeared after marriage. Three children.

The vulva is now very large and gaping. The question of vaginal auto-erotism is raised. She admits some sexual feeling, mostly climaxes. She has prolapse of the bladder. This is hung up, together with repairs of the cervix and perineum. . . . Later, some recurrence of rectocele; she has no sexual annoyance. . . . Some years after, vaginal hysterectomy for bleeding fibroids, pelvic floor rebuilt. The urethral glands contain some pus at operation; introitus made of the diameter of two and a half fingers. . . . Five years further on, she admits a need for self-relief; says her doctors have ignored it. . . . At forty-nine she complains again about the weekly need of it. . . . She has colitis and depression.

After fifty she has a complete mental breakdown, "to hell and back again;" once diagnosed as manic-depressive psychosis, with attempted suicide. She was very much helped nervously by gland treatment and by finding a new hobby. At this time there was no recurrence of cystocele. The meatus was inflamed; the introitus one and a half fingers sharp. She says she has had no coitus since her husband died. twenty-seven years ago.

After five years, she was not so well again. . . . She is brooding greatly now about auto-erotism. Any morning enema calls for clitoris friction that evening. "Two minutes" friction relieves tension and headache. Nuchal congestion is relieved for three or four days, by



orgasm once a week. When I say that it should be determined whether tension is really relieved by orgasm, which is unlikely if orgasm is so trifling; she says, "Perhaps I am not telling the truth." Later, she says, "It is very strong prolonged pressure with the right hand" the motion with one finger on the clitoris and one on each labium majus. She volunteers that there are no mental pictures with this and only twice finger in the vagina when feeling was violent.

All this history of auto-erotism began, she says, in the forties four years after hysterectomy. Except a general thrill all over, during engagement, she never had any feeling before marriage. Their habit in marriage was coitus twice a week. They tried a variety of positions, had no pruderies but never handled each other; little breast caress; usually he lay above her lengthwise, her legs straight. Her feeling was up the vagina. Asked to test and report in detail she says her orgasm now is as strong as in former coitus with thrashing, swift breath and closed eyes, no levator action. The vagina is three and a half inches; introitus one and a half fingers (therefore no coitus or vaginal habit); breasts relaxed with minute corrugations; nipples large, pale and erectile.

In the spring of her sixty-first year she had self-induced orgasms, four times in an afternoon, three minutes each time, half-hour intervals; on the third day, three times again; on the sixth day three times; a week later four times. . . . At sixty-two she has occupation in mind, laid out for her by another physician. He did not go at all into the sex question but on hearing that she was greatly troubled about auto-erotism and finding that it took longer and longer up to half an hour to secure a climax, merely suggested that she let fantasy have free play before beginning physical manipulation. She now imagines intercourse until fully excited, which works well with quick climax. She is quite a different woman; serene except at intervals, friends with her family; and trying hard to interest herself in useful occupation.

*Case 392.* The patient, a well-to-do woman, mercurial and dominating, was first seen at the menopause for flushes.

She is a college graduate, with epileptic father. Her mother, as one of many children, was set against sexual matters and brought her up with a Puritan point of view. As a child she was delicate with strong sexual impulses, an emotional leaning to men, but physical control. Even at eighteen she demanded freedom; her frankness about sex hygiene shocked her professors, debating in class that sex relation-

ships should not be merely for procreation, and propagandist for platonic love. At this time she was greatly in love, kissing and hugging, a general thrill but no vulgar awakening. . . . At twenty-two she was alone in the house, and a friend who had the keys "raped" her ten days or a week before period. This was a single coitus in the dark, she was paralyzed with fear and had pain, not pleasure. A cousin brought up the baby as her own. . . . When she married she told about this incident beforehand.

The husband was some years her junior, a divorced man, working as brakeman on the railroad. Coitus was once or twice a week for half an hour but she reached a climax in five or ten minutes; no shock at the first coitus. They had much variety including nakedness outdoors, cunnilingus, a little fellatio, but she balked at the genitals as ugly. There was one miscarriage. He took drugs, drank hard and died, after which she had a long illness, with the beginning of extreme passion.

Before forty she spent three months on vacation with a younger man, an artist and intellectual. Coitus was once or twice a week, with little variety, feeling both vulvar and vaginal. They took pictures of each other naked outdoors. She loves to wear trousers and to take active, vigorous outdoor exercise. This was entire sexual satisfaction, yet premenstrual depression and breast ache, continued. She has never been demonstrative or affectionate; passion really began with the first signs of lessening periods.

The fourth man wanted to marry her but had too little mind; he was "a fine animal," wanted coitus every night. There was little variety but he could stay any length of time.

At forty-six she has much depression before the period, the breasts are very large and soft, sore half the time, aching before period but stopping at period; this has been going on for five years. The vagina is short, smooth and wide, two and a half posterior and two inches anterior reach; hymen three fingers, worn, insensitive, missing at the rear. Behavior circumspect and not erotic at examination. She seems a faddist, she had a daily enema, abdominal massage and X-ray for fibroid all in one winter. She volunteers that lately she has "a strong desire for intercourse, a heaviness in the uterus. It is a physical and not mental desire, a disgust."

Some time after introitus two fingers tight (so no coitus), the uterus is atrophying; fibroid is the same and there is a little patchy vulvitis. In an operation on the uterus for fibroid she is anxious not to lose the



ovaries. Menopause has been over for several years. She is indifferent about exposure, the signs of auto-erotism are atrophying. She is rarely desirous now; passion waned in menopause but could be roused. She might want coitus once a week now but sidetracks it into other energies. She is interested in charities and reform,—“I love to make people over. I think people give too much attention to sex.” Yet she always has a young man in tow; there has been a fifth man who was also young. She was slow to rouse at first but had more desire than he. This was experimental, only a few times. She says, “at my present age, fifty, I would get half the physical enjoyment of the best time and a large amount of psychic pleasure.” Maximum enjoyment was at thirty-eight, but “No one man ever gave me all four aspects of complete enjoyment, mental, physical, surroundings and technique.” She wants out of doors, the sun, hours of play, “not just being attacked and raped.” Coitus has usually been brief, naked, in bed.

A year after hysterectomy she writes, “and worse than all these fatigue symptoms is the fact that I have suddenly left sex urge behind me. All this last year not a spark. I feel as though I had added three or five years and am rebellious.” . . . Erotic dreams have been once a month, once in three months. Coitus has been once, at which she contracted gonorrhea; the smear is positive. This man is not married; she has been with him before. He is very intellectual; proud of being able to curb his desire at any point, rather brief erection; she had a climax, would have liked more, but on waking in the morning he was not interested.

*Case 467.* The daughter of a famous actor, . . . clever, attractive and stylish, comes for advice about her sex problems in widowhood. She had powerful sex love in a happy married life, and after two years of widowhood desire was waked up again. In the spring she has severe and strong torment; endometritis and leucorrhea.

Her growing children are her main interest. The personal problem is that she is divided between a man who suits her intellect entirely and one who suits her idea of manhood. She has persistently refused one vigorous man, a man of influence. He quietly keeps on coming. She says no liberties are allowed but she is excited. I tell her either to marry, or else end this, and get an absorbing occupation.

In the seventh year of widowhood, she comes in terrible distress of mind two days after period is due. Two weeks ago after three erotic

days together they had vulvar contact and he ejaculated. She is now in dreadful fear, particularly as he is gone on a trip. During marriage she twice became pregnant on a single coitus. Withdrawal and wait till the seventeenth day was their method during her married life. . . . This is not pregnancy but the beginning of menopause. She went elsewhere to get away from the situation.

She returned home, had excitement from the same man. . . . A year later she is to marry in a month. She is having a tremendous battle and constant wavering, "I won't tell him my age. . . . Shall I tell him I am going through menopause?"

Past fifty, still unmarried, she has contrasted this man with her husband who died and cannot think of it. No other man arouses her as he does, but intellectually there is no compatibility at all. Her brother despises him; the man is adamant, would not give up one of his habits of life. In incessant mental contest, she drives him away, then sends for him. She supposed this torment would be over with menopause. Coitus is instant, dressed, once in a few months with tremendous reaction after and some mild vaginitis. He vows he touches no other woman; she does not believe it.

Three years later in the spring she returns, nervous, "aching down there," bladder irritable and backache. The vulva is growing rather atrophic; vaginal opening two and a half fingers; no real hypertrophies. She sees him only once a month or less, "can't, because we excite each other so. He swears he is faithful to me. I don't see how that type of man can be."

Several years afterward she comes for bladder irritability, but says she is much better than in years; the uterus is atrophying; the vagina smooth; introitus two and a half fingers; erotic at examination; she has had no coitus for a long time. The total contacts were not more than half a dozen, very brief and unsatisfactory, "When we were both swept away by passion."

At nearly sixty her feelings are just as strong as ever. She has climax at night sometimes, by self relief. She refers to the few times she had coitus "with the big, healthy animal" as "hurried, and unsatisfactory with shame afterward." "Who," she said, "would start that relation with a married man unfaithful to his wife? . . . Though I hear any married man may be had. Then who would start that relation with an unmarried man and not marry him? There would be something queer."



*Case 651A.* The patient is first seen in the middle thirties for the delivery of her first child. She is a lady of excellent taste and culture, fine manners, excessively overworked in her youth, running a business and taking care of an invalid brother. She had several mild love affairs, never was engaged and never aroused. "I think there was no passion in me." Menstruation was early and normal with some dysmenorrhea.

She married a professional man she respected and liked, rather than loved. She liked intercourse with him mildly, had no repulsion but no spontaneous desire. She was soon disgusted at his being "no man." He was vastly overworked, entirely impotent and ashamed. He attributed it to his former auto-erotic practice, never asked advice. He wanted her once to twice a month but never took means to bring her climax. She had several pregnancies. . . . Menopause was at average age.

At sixty-two she returns a widow. She had prolapse and a chronic nephritis too bad for operation so she uses a pessary, removing it every night. . . . At seventy-one she is still using the pessary; she says she had shingles inside the vagina three or four years ago. The clitoris erects and grows purple at examination. The labia majora are corrugated in rolls like the minora. . . . At seventy-three she still has cystocele with the pessary out. The clitoris is still erectile. (This is the typical vulvar condition from sixty onward, in women who keep their local excitability. The labia majora shrink, the large erectile clitoris stands out prominently.) She refers to her husband as "always affectionate and admiring." . . . At seventy-seven she has bronchitis and much doctoring, still wears the pessary, but is pretty cheerful. "Old age is as you make it." She is talkative, a bit demonstrative. In asking if her old hernia has returned with present discomfort in the groin, she exposes herself frankly and stays exposed more than necessary. . . . She denies any itching or pleasurable vulvar sensations in the pessary examination yet does not cover herself or show any indignation. . . . At seventy-eight the vulva admits an ordinary bivalve, she has kept it open with a pessary; the vagina is four inches posterior, three inches anterior reach. She is curious about details of the sex behavior of modern young people.

## CHAPTER XIII

### A CONTROL GROUP OF TWO HUNDRED CASES

*SELECTED from the records of the total practice by a statistical method, medical histories in which no note of the sex experience had been taken show a group of women in slightly worse health with a slightly higher rate of fertility. Other than this the general factors are the same and the glimpses of sexual life entirely similar to the intensive stories of the thousand cases. Case histories include the bride, the couple separated after years of marriage and various forms of frigidity.*

WHEN HISTORIES of the sex experience of married women were grouped together in terms of likeness, certain types emerged. The patient was beautiful and delicate or she was a dignified Juno. She was a red-faced woman dressed in black sniffing back the tears—or she was a youthful actress dramatizing the wifely rôle. Above all, she was emotional—she had the power to transfuse every situation with emotion.

This made it seem desirable to look at the problem in terms of the dryly factual, the dryer the better. Comparison with a group for whom there were no specially recorded sex histories seemed the answer. Copious material for a study of records exclusively obstetrical or gynecological was available, since they were four times as numerous. The scrutiny was undertaken, with various questions in mind: Would the time of observation be as long? Would the course of diagnosis be the same? Would the emotional crisis provided by childbirth and major operations be as frequent? Would the pregnancies, abortions, and attitude toward reproduction follow the same channels? What, if any, would be the incidence of discussion of sexual life? What was the principle of selection which made the physician collect intimate personal material from some patients and not from others? Would these patients appear differently “normal” from those who gave sex data?



The first few thousand histories were not numbered; after that, the files contained cases numbered consecutively from 1 to 5000, in the order of their collection. For the answers to these questions two hundred records were drawn from the sources by the following method: A third person (not the physician, and not his secretary, who had copied, indexed and otherwise become familiar with the cards) went over the total number of medical records, excluding those who came for a single office diagnosis, all hospital patients referred for operation, patients referred by friends or relatives for advice in sexual matters, and all patients coming more than thirty-seven or less than five years from the current date.

The physician's earliest records of sex experience begin at about 1890, and from 1900 to 1917 his activities as obstetrician and gynecologist were at their peak. Following the war, practice was partly resumed with the exception of obstetrics, but new patients were discouraged. During the last decade the doctor became increasingly interested in preventive medicine in the field of women's diseases and learned more or less of the personal experience of all patients. This distribution of activity made it logical to minimize the records of the last period, in securing a control group.

By examining every second drawer of the filing cases and choosing in every drawer examined every case not excluded under the limitations, there were secured from 1892 to 1900, sixteen per cent of the 200 cases; from 1900 to 1910, seventy-three per cent; from 1910 to 1920, eight per cent and from 1920 to 1924, three per cent. These figures are in reasonable correspondence with the doctor's private practice. In records representing such different phases of activity that random sampling or drawing alternate cases was impractical, this artificially elaborate procedure produced a sample which seems statistically sound. It is copious with data, but represents other interests and methods. It never uses the technique of question developed in assembling material on the sexual experience. Comparison of style and content shows that these general histories lack the objective facts of sex, the free subjective comment, and the range of associations

which make the others characteristic. On the patients' part, they show less dependence on the physician.

#### GENERAL PICTURE OF THE CONTROL GROUP

The median patient was thirty-two years old. The age extremes represented are fifteen and sixty-six; the middle hundred of the total is spaced between the twenty-seventh and fortieth years. Further age data are that twenty-four is the typical age of marriage and that the first child was born when the mother was twenty-seven. Only two women were married at fifteen and only two babies were born before the mother was nineteen. Only two delayed marriage till thirty-nine and only seven first babies were born after the mother was thirty-five.

Occupational data as a social determinant is less detailed than usual, and using the work of either of the couple when we do not know both, accounts for only seventy persons. More than half are engaged in the professions, two are leisure class, twelve are in business, eight have skilled trades, four do clerical work, seven are miscellaneous grouped. The distribution is scattered, with a few representatives in many kinds of work except that eleven women, a number large in comparison with other groups, are the wives of physicians.

The median case was studied for five years and in general the contact seems long. Although fifteen were patients for less than a year, another fifteen were cared for from seventeen to thirty-four years. In terms of per cent, this works out as:

Under two years.....	16
Two to five years.....	34
Five to ten years.....	26
Ten years and more.....	24

These data do not assemble homogeneous material; one woman comes at nineteen and stays till twenty-nine, another comes at twenty-nine and goes at forty-two, a third comes at forty-two and goes at fifty-four and the one who comes at fifty-four is still a patient at seventy. The total data are thus well diversified,



with the varieties of health and personal problems characteristic of young, mature, middle-aged and old people.

The cause of the first visit to the gynecologist was concerned with childbearing in 41 per cent of the cases, local inflammations in 22 per cent, with menstruation and growths in 17 per cent, poor health suspected as of pelvic origin 11 per cent, anatomical defects 7 per cent, and marital adjustment and gonorrhea 1 per cent each. Of the patients coming about child bearing, forty came in pregnancy, thirteen for consultation after abortion or delivery and twenty-two for sterility. The proportion coming about foreign growths was six for fibroids, three for tumors, two for cancer, three for fear of cancer.

As to general health and sound nervous balance the classification is that not quite half were in good health and the others were in various degrees of impairment. Nineteen per cent of all the records say that the patient is in good health, 26 per cent more have no data against good health. In the sense that they were described as nervous, very nervous, nervously fatigued, delicate, depressed or neurotic, 29 per cent were below par. The last 26 per cent were seriously impaired in health: neurasthenia, nineteen; nervous exhaustion, four; nervous prostration, ten; hysteria and growing alienation from living, three; suicidal threats, three; and melancholia, nine.

Eight of these fifty-two patients had records of insanity in their sisters (five) or another female relative; another had an epileptic father. The patients in good health produced a few cases of drink, morphine, and mental defectives in the family, but no insanity. The most usual first diagnosis in this seriously impaired group is not childbearing, but local inflammations; seventeen came for inflammation, thirteen for pregnancy, seven for growths, six for general health, two each for dyspareunia, menorrhagia, mental trouble and anatomical defect, and one for gonorrhea. Though they are only a quarter of the total, they furnish more than half the total report of trouble with menstruation.

Of the fifty-two, twenty-nine have some menstrual difficulty; thirteen have menorrhagia, six with dysmenorrhea also; two

have amenorrhea (with dysmenorrhea); thirteen have dysmenorrhea (three with irregularity also); one has never menstruated. The report of the below-par group is of nine cases of menorrhagia, five of amenorrhea, seven of irregularity and fifteen of dysmenorrhea. The eighty-nine women in good general health afford seven instances of excessive and two of scanty menstruation; four of irregularity and nineteen of pain. The fifteen cases of venereal disease are divided between the well and ill groups in the ratio of eight to seven; the seventy-four pelvic operations on 200 cases are divided evenly between those who are in good health and those who are not.

These 200 women had 2.17 pregnancies per capita, lost 0.7 and carried to delivery 1.47 living offspring. Eighteen of these children died at birth or in a few days. This makes a loss before or at birth of 44 per 100 live births.

Omitting the brides and three for whom data were inadequate leaves 195 wives whose fertility was known. It was as follows:

	Wives	Children
Never pregnant, diagnosed as sterile.....	41	0
With abortions only.....	13	0
One.....	7	
Two.....	3	
Three.....	3	
With live births.....	141	313
One.....	50	50
Two.....	44	88
Three.....	22	66
Four.....	19	76
Five.....	4	20
Six.....	1	6
Seven.....	1	7

The records show 313 children and 115 abortions, so that 428 pregnancies had taken place. One patient had nine abortions, two had five, seven had three, seventeen had two and forty-one had one. The cases of sterility noted exclude two women of one child sterility and several having treatment for sterile intervals.

Women of forty years and over, whose fertility is approximately at its close are 47 per cent of the 200, but they have 60 per cent of the children. Their per capita result in living children



is 1.89 (pregnancies 2.56), while for those less than forty years old the figure is 1.09 children (pregnancies 1.84).

The difference here indicated by age is sufficient to nullify attempts to study fertility by health grouping. The women counted in poor health have a slightly higher per capita count in both pregnancies and living children, but fifty-three of them are over forty, as against forty-two in the good health group.

At the time of observation, seven of these women were widowed, six were separated or divorced and five were living with the second husband. Except brief and casual statements about the divorces, no complaints about marriage are recorded.

Fifty-eight patients, more than a quarter of the whole, give no data on anything which might be construed as sexual. The others suggest a possible cause for scrutiny of the sexual life. The six cases of separation and divorce all fall apart finally on sexual issues and there are in addition forty-six couples who raise sexual problems directly; fifty-two cases or roughly another quarter of the whole. This proportion bears the same relation to the total control group that the histories of sex experience bear to the total of the doctor's histories. Of the remaining ninety cases, thirty-two were understood to be auto-erotic during the time of observation and seventeen more had been formerly; four had concentration on such sexual issues as venereal disease and sterility; four had husbands who were pathological to the extent of hard drinking, melancholia and suicidal threats; fifteen wives had themselves some acute psychic disturbance tending toward melancholia; and sixteen were called "nervous" or "very nervous." These manifestations of auto-erotism in the wife and of emotional unbalance in both husband and wife say something about the sexual equilibrium whether or not anything is said in words.

Of sex problems told in detail, there are nineteen complaints of frigidity, thirteen each of maladjustment and dyspareunia, and one nymphomaniac. This is to say that about one in four stated a specific problem of sexual dissatisfaction. The total records of auto-erotism are that twenty-eight wives had been auto-erotic formerly, nine of them extremely so, and forty-nine

were still so at the time of observation, twenty-two to excess; three were known to practice vaginal friction and the others vulvar auto-erotism; seventy-seven in all. This phase of the erotic life is distributed about equally among the whole control group. The attempt to find some difference among different degrees of health is unsuccessful. On the other hand, thirty of the forty-six having some form of sexual maladjustment in marriage come from the group having less than good health.

#### COMPARISON WITH OTHER GROUPS

There are at hand a thousand histories of sexual experience with which to compare these 200 medical histories. These are women of the characteristic age and habit who came to the gynecologist for approximately the same reasons, and were patients for about the same period. Their illnesses and treatment follow a similar course. Their fertility, the most objective comparable item, is in reality above the index of fertility of the whole thousand, yet their per capita number of pregnancies and living children differs from the others only in decimals. There is less complaint of menstruation by the patient, less comment of auto-erotism by the doctor, less said about sexual experience, less is recorded of personality, occupation and social status. On the whole, this group appears less prosperous economically.

But as other records will show that the doctor gave a great deal of time to the patient who paid moderately, the secret of this more brief and objective contact is not financial. It is rather that the patient had not a complaint scientifically interesting, or she showed correlation between her physical and psychic condition less plainly, or she always came on a day crowded with patients, or there was a lack of intuitive rapport. Evidently it is not long care of the patient which encourages the accumulation of sex data. Other elements intervene to produce personal and introspective stories. Since no personal revelation and no information about the sexual life was deliberately offered or obtained, the most remarkable element of this series is their emotional content. They read like the sex histories. Some idiosyncrasy of material functionally female or some emotional crisis



abruptly uncovered give repeatedly the sexual feel and quality. This is by flashes rather than continuously, and by interpretation of fragments rather than by full statement. The illustrative material following is drawn from the histories verbatim, with comment in parentheses.

After delivery, a young woman of twenty-five says that in coitus she has feared pregnancy and felt ashamed—she refrained from passion though she had strong feeling. . . . A college woman, wealthy, society type, twenty-eight years old, two children, says that she and her husband are content to leave long gaps between coitus; they "look on it as low indulgence." . . . A wife of twenty-three, while being studied for four years' sterility, says she desires children but has little sex feeling. He complains that her sexual indifference "is worse than it was the first year."

(All these women have some degree of frigidity. None have amenorrhea, infantilism, or any acute physical cause for it; all feel young still, and began even younger to be frigid. What had happened in the psychic life to construct this prejudice in girls of nineteen and twenty-one?)

. . . . A book told them when married that there should be no sexual intercourse during pregnancy. They "found it a terrible strain, could his melancholia have been due to it?" At forty-one, with four children, they differ from the book but she has no feeling now. She cannot let go after the long restraint. (Whether his melancholia were due to it, or not, they themselves are considering it as a possible cause.)

. . . . Seen in consultation, the thirty year old patient denies recent coitus. "Those things are always distasteful—awful shock when first married—I have not been touched since I came home." She has had one child, no miscarriage; peritonitis once kept her in bed four months. Six months before she had acute alcoholism with hysteria. Five years later she is in a sanitarium, run down, sleepless, melancholic and was seen in consultation about possible chronic appendix. She looked badly, gray, petulant, querulous, in no condition for operation. "I told her I could find nothing wrong with the pelvis or appendix region, that she centered herself on her ailments, looked like a drug

habitué, should get up and out. We had a scene." (She denies sexuality but has elaborate substitutes.)

After twelve years of sterility, with amenorrhea, the patient comes to see if she can have a child. The husband says she has little sexual desire, but there are fullest signs of auto-erotism. (Therefore, she has had erotic feeling, whether he knew anything about it or not.)

A woman of thirty, married eight years, sterile, says she has never had more than five complete orgasms in marriage. The husband has had quick emission and always left her excited. She has had gonorrhea; there are signs of continued vulvar friction, she was erotic at examination. (Though without orgasm in coitus, she has other erotic manifestations.)

A forty year old patient who had albuminuria has been unable to continue any of the four pregnancies which followed her first child. The husband says that because of the danger of pregnancy in her chronically toxic condition, they have coitus once or twice a month with withdrawal, some time after the ten days following the period; he calls this "great self denial." She becomes grandiose, showy, dresses extravagantly, runs him into debt for rings, furs and jewelry. Later she alternates between exaltation and depression. Coitus has been twice in three months. He fears for her mental state. (The things she attempts to buy do not compensate for some kind of loss in her marriage.)

A storekeeper's wife, who has always had intermittent dyspareunia and sterility, feels no response to the husband except by external friction. With the vibrator, given for a test whether vaginal response can be developed, she obtained stronger feeling than ever with her husband. (Has not this a subjective significance?)

A neurasthenic patient, sterile, no outside interests, no hobbies, some dyspareunia, says coitus is once a month, "sometimes the sexual relations are right." (The husband has little sexual desire. Later he is said to have lost all his money on the stock market.)

At forty a minister's wife, mother of a thirteen year old child,



comes for a small fibroid which ought to be disregarded, and neurasthenia. There are signs of aggravated auto-erotism, introitus seven cm. in diameter, distended; labial hypertrophy extreme. Her husband is broken down nervously; and much later she continues with neurasthenia of the most advanced type. (Without positive clue to the sexual life of this couple except her auto-erotism, it is still to be noted that both of them are in a nervous breakdown.)

All these patients have inhibitions about sexual intercourse with the partner, but all give indication of excitement or drain on vitality or substitute passion put in the place of normal sexual expression.

In the group of case histories which follows, characteristic cycles of difficulty appear again and again. One or both of the couple are over-nice, fearful of pregnancy, thinking passion is wrong, owning little sexual feeling. Possible alternatives develop in dyspareunia, quick emission, her continuing auto-erotism, pruritus, insomnia, melancholia or extravagance, his drinking, gambling or interest in another woman. One of the variations is the woman with housekeeping mania, another the Roman Catholic wife whose apathy is enjoined by religion; a third, the woman whose tubercular husband has never consummated marriage. Several of the stories are of happy relationships, more satisfactory with the years.

With a minimum of words, these medical histories appear as condensed outlines of the stories told in the full accounts of sex experience.

*Case 3051.* The wife of a business man comes for early pre-menstrual melancholia. Periods are regular, painful since twenty-six; she has had these attacks a year. She was a delicate child. She was stout formerly, and is now. There have been four children not hard births.

She says she has a happy home life, fine home and husband, life ideal. She is very susceptible to suggestion, imagines she has whatever disease others have; her cousin had breast trouble so she thought she had it; a brother died insane. She says she had hysteria three months ago. During the attack, she feels that her husband and sister are indifferent—no one cares for her—the husband is not kind to her. The

signs of auto-erotism are definite but not maximal. She has a slight ovaritis, enteroptosis and melancholia.

The husband is set and indifferent, he does not size up the seriousness of the situation. He would spend money on sending her away but would give her no time or affection. His idea is that she is to have much exercise, no sympathy, no talk about her ailments, an absorbing mental occupation and to go out more, the theatre twice a week and lectures, two and a half days of golf and horseback riding.

In a year she was very much better, went west in the country and lived quietly outdoors. A month after her return home she relapsed, crying and worrying, as bad as ever. The husband is believed unfaithful with a girl in his office; she insists that he discharge the girl and he refuses; during her absence "he brought the girl to the house." At times she is hysterical; she says, "Don't you know I am losing my mind?" He told her the doctor had told him if she did not behave herself she would lose her mind.

Some years later they have separated. He has decamped but supports her; she has a room only. She is in good health and not low in spirits.

*Case 3061.* At thirty-two, the wife of a clerical worker comes for sterility after many years of marriage. She was strong as a child, anemic after periods began early with severe dysmenorrhea. She had nervous prostration after thirty after which the appendix and the left ovary were removed; after that exhaustion and some depression. She has no troubles now nor has she ever had any. She has ovaritis and colitis and varicose veins in the right broad ligament; the clitoris is small, the labia corrugated with signs of aggravated former auto-erotism. At times she has had full sexual feeling but lately no feeling, no aversion. She does too much housework, sewing and embroidering.

In six months she has trigonitis. . . . The husband comes in to say that there was a time when she could not keep any cook or nurse, she was unreasonable; "a fork must lie just so or she would go up in the air." For ten years she had utter distaste for sexual relationships; now he says she is normal in feeling. They are good companions and happy together. A doctor told him that years of withdrawal were responsible for much of the trouble and he stopped it two years ago. "She talks much about the want of a child. If she knew which was to blame she would harp on it." She is an over fussy housekeeper. She uses the sewing machine instead of exercising outdoors; she can't go



walking but cans fruit all day; she makes her own bread. . . . It turns out from the semen test that the sterility is due to the husband.

At thirty-five there is no change in her complaint, the laboratory test reports that she has not tuberculosis of the kidney; her own doctor finds her a very difficult patient, "I didn't close my eyes all the night before last. . . . I have always insisted I have no nerves." The gynecologist discourages her coming fearing she is forming the office habit. . . . At thirty-six she has made a change in the family doctor. The new man prescribes that she shall do no housework but may sew. She has trigonitis and rheumatism, continues too stout. . . . At thirty-eight she has membranous dysmenorrhea, has again changed doctors and has mild urethritis.

*Case 3016.* A bride of three days, less than thirty years old, formerly a trained nurse, comes for dyspareunia. She is bleeding and in severe pain from first coitus. There are moderate evidences of auto-erotism. She has always had dysmenorrhea since puberty at thirteen.

A year later she is a nervous wreck from dyspareunia, irritated, in constant dread, crying and trembling. Before she went to a nerve specialist, could not walk two blocks. Life is "Hell on earth" because of the torment of intercourse. He wants long severe thrusting which works her up to such a degree of irritation that she has flown at his neck and is afraid she will kill him. He becomes more moderate and she gets better.

In another year she has the same trouble, "Awful," she has behaved like a tigress; this gave her some peace; otherwise it would have been insanity or death. She is pregnant; no vaginismus but coitus drives her crazy; "I'm afraid I'll murder him. I fight and kick him off." She complains of an outside spot in coitus; this is inflammation about the clitoris with adhesions; clitoris is stripped. . . . A month later she says better sex relations; she has some feeling but no orgasm.

Delivery was difficult. She could not nurse and the baby grew very low from starvation in her care.

Ten years after, no dyspareunia. Coitus is at times repugnant; at other times feeble response. Once after champagne she was as eager as he. She hates to be handled; wants intercourse if anything. A few times in four years she has had strong feeling, but never a climax.

*Case 3055.* A professional man's wife, formerly a teacher, comes after three months marriage, with salpingitis; large pus tube on left side drained through vagina. . . .

Two years later she comes for sterility, eager for children; she has had dyspareunia in coitus every time since marriage, never any sexual feeling. . . . After three years, nervous, anemic and worrying, she comes back for tonic and directions about resting. . . . The next year she wants contraceptive advice and says they have been using either boroglyceride suppositories or abstinence. She is now so worn out that she can hardly be out of bed; would have normal feeling if she were not so tired. Her husband does not pay any attention to her; passing from one level of indifference to another, it has come to be that he hardly kisses her; thinking that passion is incompatible with best development, she has repressed her feeling. There are no signs of auto-erotism. At times she quivers with feeling but would not ask him for worlds. "We have become perfect icebergs."

At her request I talk to him; he had nothing to say except that he did not want to hurt her—he has very quick emission, one minute. . . . The year following she returns for itching after period and chronic vaginitis. Coitus is once or twice a week, severe dyspareunia for nine months.

*Case 3052.* The wife of a young Roman Catholic comes at thirty-one after several months marriage for what she calls "bladder trouble." She has headaches, backaches, nausea and depression; has been nervous for eight or ten years, has increasing dysmenorrhea. She took care of her sick father for a long period. The bladder trouble began two months after marriage; the meatus is red, clitoris is adherent and there are signs of former auto-erotism. She is depressed from nightly coitus; there was no pain at first and she secured the climax; now it grows distasteful. He wants it twice a night and has an emission at entry.

Within the first four months while she is being seen for urethritis with study of suspected tubercular peritonitis, she becomes pregnant. There is a therapeutic abortion with appendectomy and oophorectomy for a cyst, good recovery. She refuses now either to take precautions or to refuse husband, so I decline to care for her. She says the priest sanctioned interruption of the pregnancy but questions her at confessional concerning measures of prevention. He tells her that she imperils her soul if she allow him to withdraw or prevent conception in any way. Also, to prevent her husband imperiling his soul she must permit intercourse. I tell her she loses her health if she does not for the present take preventive measures; the only measure she consents to is avoidance of the unsafest time.



In a year she returns to say that she has been pretty well but now the same soreness is coming back. Intercourse has been nearly every night; he probably now uses a condom but it is in the dark and he will not tell her. She says that he never saw her naked. "We hear so much in confession about being discreet, about being modest, keeping yourself covered and having intercourse too often; once or twice a week is enough privilege without exposing the body." She has laterocession and a tender ovary, has lost forty pounds, compared with weight at eighteen.

She is referred to another doctor for careful study to see if she has any organic nervous disease or tuberculosis.

PART FOUR  
THE NEGATIVE

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## CHAPTER XIV

### MALADJUSTMENT

ONE HUNDRED *wives with the anchors of economic support, social position and maternity, twenty-one accompanied by their husbands, take counsel about their sexual inequality in a life otherwise fairly stable. They are torn between this stability and the forces which make for some kind of disruption such as illness, sexual aloofness, infidelity, perhaps sighting the actual termination of separation or divorce. The typical case history shows the accepted presence of a seemingly impassable gulf.*

THESE HUNDRED CASES lack definiteness and read like novels with a sequel. If a woman said she dared not go on the street for fear she might ask the first man she met to have coitus, she was classified as sexually extreme—passionate. If a woman had been married twenty-two years, but remained virgin, this also was sexually extreme—frigid. But how classify the woman who has coitus five times a month “without passion” in either participant? She is bored, she explains, and it takes him a long time, but she “plans” to rouse him at intervals, thinking “it better for his health.”

The doctor noted that this patient was “maladjusted” in some way and when she returned a few years later he remembered it and she usually made a prompt response to inquiry. She was still maladjusted and ready with the details. She and her husband were having coitus, having children, worrying, quarrelling, grieving, asking advice. In twenty-one cases, the husband as well as the wife came for consultation: they could not “get along,” but continued to “put up” with each other. The general pattern of the marriage is of unhappiness. The median case had been married seven years before coming to the gynecologist and forty of the total were watched from five to twenty-five years.

## SOCIAL ADJUSTMENT

This group is socially normal, in the sense that it shares the work and life of an American urban group. It is weighted toward better than the average educational and economic standard. The revelation of yearning is simple, as such stories go, and does not reach emotional extremes. The representative patient is a fine looking, well-dressed woman a little over thirty who comes to the gynecologist about a problem of marriage or maternity. Her appearance and the impression she made are noted in nearly half the cases: five had beauty, eleven had "brains," thirteen others impressed as of fine character: four were "plain" to look at; and thirteen had undesirable qualities such as fear, jealousy, selfishness, laziness, carelessness, querulousness, hyperaesthesia.

The "average" quality of this group and its general character are indicated by the occupations. Eight are wealthy, seventeen are in the professional group. The husband's work is known in fifty cases. In fourteen more, the occupational status of the wife before marriage is known, making information available in sixty-four cases. Twenty-five of the husbands are professional men (and four of the wives); sixteen are in business (with three wives in clerical work); six are in trades; two in the arts (and two of the wives); one is a laborer (and one wife); four of the women are society women—indicating that their husbands are in business or the professions.

The precise list of this vocational distribution is: four business men, three married to a teacher, a clerical worker, and a society girl respectively; four doctors, (one married to a wife who continues to do secretarial work); three civil engineers; three lawyers, (two married to artists); two salesmen (one married to a telephone operator); two brokers (both married to society girls); two teachers, (one married to a teacher); two manufacturers; two professors in a college, (one married to a nurse); two clergymen, (one married to a wife who taught religion in a college); two foreign missionaries, (both wives also in foreign mission service); one each of the following: a superintendent of schools (married



to an artist), a college instructor (married to a wife who continues personnel work in business), a chemist (married to an artist), an obstetrician (married to a society girl), an accountant (married to a stenographer), a bookkeeper (married to a stenographer), a superintendent of a power house (married to a factory employee), a bond salesman (married to a society girl), an insurance salesman (married to a saleswoman), a clerk, a steamfitter, a confectioner, a machinist, a bartender (married to an acrobat), a linotype operator (married to a singer), a mechanic, a laborer on the docks, an owner of a garage, (married to a college girl), a singer, an artist (married to a teacher), owner of a poultry farm and owner of liquor store.

Of the fourteen women not counted above, four are society women, two are trained nurses, two are stenographers, one each is a physiotherapist, a color photographer, a clerk, an artist, an actress and a factory worker.

#### HEALTH

At the first visit the patient ranged in age from nineteen to fifty-five years. Two came before twenty, thirty-one came from twenty to thirty, forty from thirty to forty, sixteen from forty to fifty, and three from fifty to sixty.

The conditions for which expert advice was first sought are as follows:

Problems of childbearing.....	42
Pelvic inflammations.....	26
Problems of marriage.....	15
Menstrual disturbances; growths.....	13
Gonorrhea.....	4

One-third had some degree of accompanying anatomical defect, such as anteversion, retroversion or infantilism; about half reported some menstrual difficulty, either pain, amenorrhea or menorrhagia; one-third had pelvic operations.

The general constitutional balance is that nineteen were leaning toward a serious general breaking down of psychic and physical balance, twenty-five were constitutionally below par; twelve were known to have good general health and forty-four

were presumed to have good health. Examined in detail, the twenty-five who are below par are delicate, or obese or hypothyroid, all more or less nervous. Of the eight obese, one weighs 230, and one 270 pounds. Of the nervous cases, two are sterile and two believe the husband is unfaithful.

Of nineteen cases nearest to profound total disturbance, all verge on neurasthenia, or have depression up to melancholia. One has had a phase of homicidal and suicidal mania; another has had circular insanity following puerperal insanity; one has tried suicide once; three had threatened suicide; four are classified as melancholic, neurasthenic and neurotic respectively; one has hysteria and nervous depression.

The family background shows some mental taint in nine cases of the hundred, of which only three are among the nineteen seriously below par: the sisters of two patients have acute melancholia; one father was insane and one mother; one brother had a psychosis; two had insanity in the family; one patient had a defective, and another an epileptic son. During the time of observation, seven husbands were unbalanced; one each with hypochondria, neurasthenia, and insanity; and two each with depression and drinking.

#### FERTILITY

These women were slightly below the total average in effective fertility, bearing 1.16 living children per capita as compared with 1.35 for the whole group.

Data given for 93 women show only 70 who were ever pregnant, 20 being involuntarily sterile and 3 voluntarily so. The 70 had 166 pregnancies between them, resulting in 50 abortions, 8 still births and 108 live births. The 28 women reporting abortions had from one to four apiece; and half carried no child to term.

Comparing general health with fertility we find that those in good health bore 1.39 living children as compared with 0.9 borne by the women who were below par. The age at first birth of these mothers was twenty-seven, or slightly above the average.

Of the twenty cases of sterility, fifteen have been sterile over three years; five presumably from gonorrheal infection; one with a



small uterus and retroversion; two from the husband's habits and refusal to have children; one from infantilism and amenorrhea. Four have been sterile under three years (two and a half years, two years, a year and a half, and seven months respectively.) In one case the man's semen is at fault, in another the husband declined to send semen, in a third the wife has infantilism. Another woman is sterile, first married at forty-six; four more were sometime sterile, cured after "months," two, six and seven years, one by artificial impregnation.

In forty-one additional cases, control of conception was effected by coitus interruptus, condom and douche or by some combination of these means:

Coitus Interruptus.....	12
Alone.....	5
With other means.....	7
(with condom, 3; douche, 1; condom or pessary, 1; condom, douche or suppository, 1; pessary or safe periods, 1)	
Condom.....	12
Alone.....	1
With other means.....	11
(interruptus, 5; douche, 2; pessary, 2; stem, 1; suppository, 1)	
Douche.....	11
Alone.....	4
With other means.....	7
(interruptus, 2; condom or suppository, 2; suppository, 2; condom or jelly or pessary, 1)	
Pessary.....	6
Alone.....	1
With other means.....	5

#### SEXUAL EXPERIENCE

Every woman of whom there is record reports sexual excitement with the husband at some time and of the fifty who discuss present status nearly all still feel it at intervals, as follows:

Excitement positive.....	17
Passionate.....	12
Passionate, pleasant, needs deeper reach.....	1
Pleasant.....	4
"Indifferent".....	12
Not passionate.....	4
Indifferent.....	4

Slow.....	2
Prudish, indifferent.....	1
Slow and dissatisfied.....	1
Not pleasant, verging toward distaste.....	4
Indifferent, slow, revolted.....	1
Apathy.....	1
Apathy and distaste.....	1
Frigid.....	1
Excitement negative.....	17
Dyspareunia formerly.....	1
Does not love him, does not like it.....	1
Irritated.....	1
Irritated, "hates him after".....	2
Sublimation.....	1
Fear.....	1
Terror.....	1
Shock.....	1
Disgust.....	3
Anger.....	1
Revolted.....	3
"Could do something desperate after".....	1

The reports of frequency of coitus and variations in rhythm of desire of husband and wife, and their compromise in actual practice read much as in the other groups. In 64 cases the median frequency is once or twice a week, with 6 daily or oftener at one extreme; and 3, rarely or not at all, at the other. Some times the husband's desire is for less frequent coitus than the wife's; but more often the reverse is true, for example in one couple whose practice is once in three weeks, the wife reports desire "20 times in 20 years." The reports at various intervals likewise vary, some from daily to once a week; some from once a fortnight to daily; or from daily, to more than daily, to rarely.

There are 52 reports of the lengths of the husband's period of intromission: three minutes in 28 cases; from five to ten minutes in 12; and fifteen minutes or more in 12 cases.

Other data about the husbands are that physically, nine men have some difficulty relating to sexual power—six impotent, two with weak erection, one has strong erections but takes a long time to reach climax. Three more have semen only moderately fertile and another has infertile semen. There are fourteen stories of complaint about the husband's behavior at the time of coitus;



four are that he seems to be outside her personality and "using me only as a means of gratification," two that he nags or is an ascetic, one each that he is a drinker, a degenerate, phlegmatic, prosaic, and matter of fact, one that she can not have coitus with him unless he "hypnotizes" her first.

Data about the wife's orgasm are known in 46 cases:

Formerly, not now.....	3
Usually.....	12
Sometimes.....	3
Rarely.....	16
Never.....	12

Of twenty women reporting facts of the purely physical side, one complains that there is "no feeling inside," two that the contraceptive hurts, and two that there is discomfort at intromission. The other fifteen are all concerned with the bad after effects—of fatigue, nervousness and hysteria—one of blind spells—if no orgasm is reached.

#### SHOCKS AND INHIBITIONS

Although only twenty-one wives talk about negative excitement in coitus, more than that number are dissatisfied. Grave inhibitions which operate to prevent interest in coitus are told in a third of the cases:

Fear.....	13
Another peritonitis.....	3
Pregnancy.....	2
Postoperative hurt.....	2
Gonorrhea.....	3
Too much (daily 10 years).....	3
Memories unpleasant.....	4
Of engagement repression.....	1
Of coitus in engagement.....	1
Of bridal night.....	2
Sex, dissociated from personality.....	14
All sex is low.....	8
Sex low beyond a certain line.....	6
Hyperaesthesia.....	3

Those who think sex is "low" are often the innocent: the bride who thought children came from a kiss, the wife of twenty-

two years who had never let her husband see her undressed, the husband who promised no coitus until the wife was willing, the wife whose mother went on the wedding trip and slept with the bride, the two husbands who want to give up coitus because it reminds them of their auto-erotism, and the young husband who let five months go by without having coitus.

In the cases which refrain because of fear of gonorrhea, one is the husband's fear. Before marriage he had contracted gonorrhea from a prostitute on several occasions; his wife is not desirous either, because her first husband (she was widowed) "used" her several times a night. Another is the fear of a wife who divorced her first husband because of too much coitus and got gonorrhea from her second.

The maladjusted wife talks a great deal about sexual shock, fright and inhibition. Sixty-six cases of shock are reported. Twenty-seven of these are premarital in the sense that they are the product of sexual inexperience (nineteen) of religious training, (five) of maternal instructions (two) and of the marriage night. Of trouble and shock in which the husband may be regarded as a causative factor, there are nineteen cases. Of those in which the wife's fears and temperament may be the chief factor, there are twenty cases. No clarity shows where the trouble started, but by the time it is talked out, it is confused and divided between wife and husband.

Of shocks in childhood there is recorded only one: a woman has had a horror of sex and male organs since accidentally seeing her brothers naked, at ten.

Two were shocks in adolescence—one woman was attacked by a half-witted boy at sixteen, one had a racial shock from discovering prejudice against Jews. Three more were shocked at their own parents' unhappiness, seven were shocked in marriage at the husband's unfaithfulness, one at the husband's drinking for which she left him, one at the attitude of her husbands' relatives with whom she lived, another at something in the life of the tropics, another at the husband's taking her money but refusing her a child, another at her own circular insanity which first came on at childbirth. Another has had no shock, she says, but is



bothered with a recurrent nightmare of a pursuing Negro. The sum total of these difficulties stretches to include two-thirds of the cases. The sum total of domestic tragedy within the marriage adds to perhaps twenty. There are eleven cases of unfaithfulness.

The number of cases in which the husband has infected the wife with venereal disease is a known four, plus a possible two, out of ninety-five; the woman known to count any serious pathological trouble in the immediate members of her own family is one in ten; of complaints of physical roughness of the husband, there are only three; non-support is not once mentioned as an issue; difficulty about the bringing up of the children is prominent only once.

*Auto-erotism* exists but is rarely a crucial issue. There are fifty-eight records of the vulvar signs of auto-erotism and thirty-three women admit the practice. In the group in which it had ever been a habit, nine have dropped it; and thirty continue practicing it in some vulvar form, three more by meatus, and one by vagina. Four patients have no vulvar signs at all and the remaining cases could have had no considerable signs or there would have been a record.

#### COMPARISON WITH OTHER GROUPS

This group is like all the others in the outstanding features of age, social status, history of illness and health, and fertility. Sexually they report the same externals of heterosexual experience and the shocks, fears and wounds of the psyche are the same.

So far as any difference is clear, it is a difference of emotional temperature. This group is a microcosm of other forms of maladjustment, but paler, modified, restrained to a lower degree. Broken apart into its elements, all the types are here:

Separation or divorce discussed.....	11
Unfaithfulness.....	12
Hers.....	1
His.....	11
Frigidity.....	35
Hers.....	19
His.....	16
Illness.....	12

Hers.....	8
His.....	4
Undefined complaining.....	30

If these statements are resolved into their causes, they exclude dyspareunia, but account for every other grade of sexual inequality. The wife sometimes says that she is happy, "except this way." Does she assert this a little loudly because she is not happy underneath? Does she complain less about marriage because she has more sexual satisfaction than she admits? Does she minimize marital conditions because she feels that the fault is hers? We begin to examine the material with the cases presumably most extreme, the eleven couples who have talked about parting.

SEPARATION OR DIVORCE. The restraint which prevented separation is known to have been rather a long lasting quality—sometimes as long as ten years. Five of the eleven wives concerned are employed regularly outside the home and two are independently wealthy. Two men are unfaithful, one who was impotent later became insane and was incarcerated in an asylum, two are heavy drinkers, two are in love elsewhere and wish to be free to re-marry. In spite of these obstacles two couples are having coitus once to twice a week and three or four times a week respectively, with long intromission and the wife having orgasm. In the other cases, emission is instant, and she says, "I hate it." The exception is the instance with no coitus for fifteen months.

One husband fell in love with the wife of another man, and she with him. Had not the other husband and the patient both refused divorces, they would have married. Patient herself had a morphia habit but was cured. One wife took the husband back because it would have injured his professional standing and advancement to have a divorce. Another couple stuck because the wife was afraid to face telling her parents that she wanted to get rid of her husband because she could not endure him sexually and she has no other grounds for divorce. A fourth says she is, "thoroughly estranged" by his drinking and taking her money. He refuses to let her have a child and she is "hungry for children." A fifth declares: "He is in love," has had no im-



proper relations with the girl, forces the wife to ask her to the house every week end or he quarrels. He forces men friends on the wife, "he intends me to be loose." Another acquired gonorrhea from her husband about six months ago, separated awhile, but forgave and rejoined him. He is a periodical drinker, two weeks sober and two weeks drunk; they have three children; she helps him in the store, is on her feet fourteen hours a day. Coitus is semi-weekly and she has orgasm always, sometimes two. One husband comes in with his face scratched; she has bitten him through his clothes; has threatened suicide by gas, he had to break down a door. One wife still intends to live with the husband though he drinks and is in love elsewhere.

**UNFAITHFULNESS.** Thirteen couples have been concerned with marital infidelity in addition to those who have fallen in love elsewhere but remained technically faithful. Two of the husbands drink; four of the wives are regularly employed; sexual intercourse is never satisfactory, the wife is unable to obtain climax. The following are fragments from their histories:

"He had a mistress on the next block, stayed out habitually, incessant quarrels." . . . She has strong sexual feeling but he is unfaithful. She vomits, has nerve exhaustion. He is loving, clever and successful. She has to put up with his three failings which are temper, drink and infidelity. He had a roving life before marriage and since marriage has kept having affairs. Sometimes they have coitus daily, and she is fully responsive "he knows he would not have much pleasure if I was not passionate." . . . They married on the rebound, both had had broken engagements. Now he is repelled by her sexually although she is delightful as mother to the child. They have intercourse often but he has no relief. He is set on fire by the propinquity of any woman and has yielded once and told her. . . . She left her husband and children to go on a trip with another man. Her husband took her back and the second man shot himself.

**ILLNESS.** Those in ill health, are particularly fearful: in one case, both are sick and their stories do not agree. She cries easily, leans on everybody, says they have never had intercourse in two years marriage. He has insomnia and indigestion, leaves

her cooking and goes home to eat at his mother's; he says they have semi-weekly intercourse. . . . She is moody, neurasthenic, over-conscientious, blue and unhappy—does not dare sit on his lap for fear it will make him want intercourse. She fears pregnancy. "If I went over (my period) I would worry terribly." . . . He wants nightly intercourse and she hates it. Another doctor refers her for hysteria. . . . She is fearful, and melancholy, has been a nervous wreck since her last delivery, will not walk a mile for fear something will break; no coitus. . . . She is "atheistical," has vertigo, attacks of blindness, fear of being left alone, has thought she had cancer, is thought to be auto-erotic, has tried or faked suicide once. She is selfish, expensive and depressed, the husband is struggling to pay her bills at a sanitarium. . . . She has chronic mastitis but coitus is rare and without intromission. They did not desire children and with the first she had puerperal insanity with later relapses with suicidal tendency. After fifteen years the introitus admits closed fist yet there is no prolapse. She says, "He has been too considerate, I am never satisfied sexually." . . . She is nervous, a bookworm, does much miscellaneous reading, worries, sleeps poorly, refuses to see any good or use in the world, will not go out doors or take exercise; declines to adopt her brother's child abandoned by its mother; or to have a child; or to do anything. . . . "My husband is a good brother, good man, loves me: but I would not have children to a man I did not love;" She takes veronal, ten grains a night, the doctor advised her to "stop living in the clouds," have an occupation and children.

**FRIGIDITY.** Of the nineteen wives who incline toward frigidity, hardly any will admit orgasm and all have complications in coitus: "He drinks;" twice, "he is too matter of fact and casual," "he has given me gonorrhea," she does not respect him:

"Intercourse was repulsive from the first." Now she is worrying, refuses to see people, says "sex is a lot of my trouble." Her lack of normal response makes her fear every day that he may want her, "I loathe it except when I want it." . . . "I married her and sent her home for a year, a virgin. When she came back we had a nightmare the first night, that was when our



quarrel began. Once since she has kept me off her a year. Coitus is still twice a week, she often has climax, if I come first she is angry." . . . "He will leave me if I don't have a child—but I have no sexual pleasure." . . . She has "increasing distaste; it becomes less and less often"; pruritus and kraurosis. . . . "Never much response, he has too quick an emission." . . . "He can go somewhere else, I tell him." . . . She has never been interested in sexual matters, no climax never shock or revulsion, "I think he made it too much a matter of course." . . . she does not "respect him" has strong excitement, but can not finish.

PASSION. In the sixteen cases where the frigidity is the husband's, the phrase can be turned to say that the wife is more passionate than he. If they are friendly the wife is too reserved to make any comment to the husband. If not, the typical case is not having coitus; the couple sleep in separate quarters in the same house: "He finishes as soon as he enters" and she does not—"He is tired of it and I never asked him to go on." . . . She has to go to his room when she wants him and "It isn't fair. A woman can't bring herself to ask of him what he does not hesitate to ask of her." . . . She has berated him so that he has lost the power of erection with her—so they are at a standstill. . . . He is reserved, never notices her naked, never touches her breasts, never affectionate or demonstrative, he only wants coitus every three months and she wants it fortnightly. . . . She thinks that clitoris friction, the only thing which would give her climax, is wrong. . . . There has been no coitus in six months. . . . She says "I will never ask him." . . . "Thirty years difference is hell for the woman." . . . "He has no use for women;" he stopped having coitus with her nine months ago, because of her leucorrhœa. . . . "After he has refused her she goes back to her lonely bed and cries all night." . . . He became impotent and called her demands "not decent." She was vigorous, cheerful, had no vulvar signs of auto-erotism, a great talker: "I tell my old man if he continues to neglect his duty I will call in the ash man or the street sweeper." . . . After marriage coitus was three or four times a week, later—and for ten years, once a week, with full pleasure on both sides. Now he has read a book on continence

which shut him off. He has some temptation to auto-erotism,—says “If I stopped intercourse, I could stop the habit ever getting hold of me again.” . . . He doubts if his wife has much pleasure, thinks it would be little deprivation.

ILL-DEFINED SEXUAL CAUSE. The remaining thirty records contain examples of the devoted but not passionate couple, the wife not interested sexually but very happy, the excitable struggling with the phlegmatic, and the adolescent whining about whatever is. The sexual life is not satisfactory but they have become adjusted to their form of maladjustment:

She is unhappy, he is jealous of her, wants to stay home, will not permit her to talk even to her woman friends. Two minutes is the length of intromission, he fears emission weakens him, she has no climax and is troubled with erotic dreams. . . . “I am not passionate but I do care. Once he could wait ten minutes, then it was perfectly beautiful.” . . . “I used to be in mortal terror of pregnancy all the time and can not entirely get over it.” . . . Coitus is “irritating, I think it’s not good for me, sometimes I have inclinations but I’m afraid, so he feels the same way.” . . . He feared syphilis from her family history and from the first child; did not want children. She could see nothing else in life if she had none. He drank; she began to drink at thirty, got drunk; drank cologne, tooth wash, wood alcohol, etc. was under treatment for it for four years. Both were in despair. He would not speak to her all day but had coitus every night—the last a practice of ten years. Intromission never lasted “over a minute or two,” she always reached climax. . . . She had also signs of urethral masturbation, a passage admitting a finger. . . .

They are devoted in marriage and have three children but have never been able to agree sexually. Both have orgasm, but frequency is a bone of contention. For instance, arriving at the country house for a week-end, she drove to the train for him and went upstairs while he washed after the journey. “Now we will have intercourse,” said he, “undress.” She objected, said night would be better. He said, “You’ll either do it now or I’ll make life unendurable for you.” She was angry at such a tone and threat—so went out and they quarrelled twenty-four hours. The



other four visits she submitted at once. He said, "As you let me have so many a month, we will average it and have it every night to make up for these months I am away." She says, "He would have it every night if I let him. I allow it two or three times a week." . . .

A letter comes: "And it seems to me that my dear husband has the feeling that though he once wanted so much to have children he no longer believes our child would be the child he would want—it is all so vague I can hardly express it but that my family has something as an inheritance that our child might suffer from. He did not see the little boy at the hospital but every one thought him a perfect child. I want you to write me is there any reason why I can't have a beautiful child if I am willing to have a Cesarean done? After my illness he said we must never have another child and from that day to this we have felt a vague sense that I feel sure is going to bring something worse in our home if I do not have a child." Later she writes "I am still in the same sad state of longing for a child, but very gradually something has come to me that is in my husband's thought, and which explains the fact that a year ago, he, on purpose, took me on such a rough auto ride that I again had a miscarriage and when I learned that he did not wish me to have a child I grew more and more unhappy."

COMMENT. As to why these patients do not go all the way and become frigid or passionate or dyspareunic, we have no answer, any more than we know why they did not go on to separation or divorce. Presumably some of them have since gone on to the sexual extreme or returned into some phase of adjustment.

When these cases are laid end to end with the extremes they make a chain complete in every link. In the beginning of marriage, ignorance and innocence effect a compromise, set to the rhythm of the stronger. This sexual shadow continues unless basic adjustment is made and other interests begin to crowd to the fore. Superficially, the interplay of husband and wife is apparent in externals. She is selfish;—but he knows nothing of girls and is too considerate and polite or in too much of a hurry. She has no desire; but his technical skill lasts only

three minutes from beginning to end. A little later, other issues come in as complications. She does not want coitus because he has hurt her feelings by declining to buy her a hat. Or he does not want it because she has hurt his feelings by buying three hats instead of one. Out of the repetitions of this situation, he finally goes elsewhere (and gets gonorrhea); she will not forgive him; she accepts flowers and dances with someone else; he acts as if she were a convict and he the judge—And so on, indefinitely. There are ten times as many stories as these, mostly slow-growing—some of them told in ten times as much detail. Sixty-five wives relate difficulties in passional adjustment. Other trouble when mentioned is subordinate and may have in this both its cause and its climax. Whatever the experience in coitus has been twenty-six couples are now aground on some great reef outside of that, probably beyond rescue. Six are in an impasse about childbearing, the other twenty have major difficulties of temperament as well as of sex. Sex is incidental with them. Matters have worked around till there is also a spritual gulf, a great issue.

In the fifteen cases having no coitus, it is the husband's story which would clarify, because abstention from intercourse on the part of the male has definite meaning, perhaps different in every case.

Whether the wife is a martyr to innocence, ignorance or dogma, her general progress is toward negation. The sick, the unfaithful, the frigid and those who would separate or divorce incline toward the negative side of marriage—without knowing what happened eventually, we know that they were in danger. This is love on the thorns and facing death.

*Postscript.* In the year that elapsed between the writing of this chapter and its publication, five of these "maladjusted" couples separated.

*Case 471.* A quiet, buxom girl in the early twenties comes for consultation two days before marriage. She has a splendid chest, strong muscles, flat and flabby breasts; signs of extreme former auto-erotism are now relaxing. The hymen is two fingers, sharp, insensitive, strong



levator, slight vulvitis and vaginitis. . . . The mother says that boys all fall in love with her daughter but she has never had a real love affair. She has had no shocks or exposures but grew faint while being examined. She does it when hearing any description of a local operation, a birth, etc. She nearly faints at the sight of blood. They talk birth control in her group, boys and girls together. She is not excited by erotic books (for example De Maupassant) or the theatre or bathing suits or other girls. Her parents "would think me cold blooded."

She is engaged to a man she has known only four or five months. She finds deep kiss and neck kiss little exciting but when hugged and kissed face to face she reaches climax. There has been no breast handling, and never intercourse with anyone except once. A friend of the family, with a wife in an asylum had said he wanted to marry her, but never made any caresses or approach until about two weeks ago as he was about to say good bye to her, when suddenly in his automobile they had intercourse. For twenty minutes he was fully inside but finished outside. It hurt some at first, then it was "very good" and she had a climax. She was not shocked at the sight of his erection, but felt "upset mentally" and five days after this she had itching and leucorrhea for the first time in her life. She does not know whether to tell the fiancé this or not. When postponement of the marriage is suggested, she insists that she must go ahead.

Two months after marriage they come in because she is three days overdue at the second menstruation period. He wants coitus every night, she is ready but does not have a climax so often. Intromission is five minutes. They have been using withdrawal and douche because he could not keep an erection with condom.

She told him her story, thinking it was not fair not to. He was much perturbed and has referred to it since mainly because it happened during engagement, and because she is large. He said to the doctor that he went in at first with no bleeding and no pain. As to her being relaxed he was told that muscular contraction only came with deep feeling. "This is not developed yet." He seemed somewhat inclined to blame the girl and to continue to wonder.

He says that she is abnormal sexually. She wants coitus twice a week and he says once a month is woman's normal, and now also his desire. As soon as the wedding trip was over he began to ask cunnilingus. Fellatio is required to develop his erection, unless they are away together and rested. An erection in the morning is too tiring for him and evening also. With him on top pressing on the symphysis

she secures orgasm in from two to five minutes. She hates him so she has to think of someone else to secure climax.

Ten years later, there are three sons the youngest nine months. She stopped loving him about four years ago. He is drinking, gambling, dishonest and unfaithful, greatly overworking. His companions are low and he spoils her friendships. He has struck her more than once. After they were married three years he began to bring other girls to the house, brought one every night, but says he has not been technically untrue until lately.

*Case 46.* A keen, bright woman, attractive, fashionable, always frail since birth, excessively sensitive, one child, talks most simply about sex matters, and complains of absence of feeling. He is of Austrian extraction, quiet, little demonstrative; she is not at all demonstrative.

This is perhaps due to the tire of running a big house and friction with domineering and uncongenial older members of the family living with them. She has no enthusiasms, never carried away by music, only by horseback ride.

"I never loved him. When he came home drunk three months after my baby came, I found out I did not love him, never had; but we are good friends, comrades." Coitus is only a nuisance, never repellent. "My real trouble is if I had normal physical tendencies I would be different. I never would have married if I had known what it meant. I never knew what impropriety in novels meant, read much, never thought to ask. Novels I don't enjoy; I can't understand; I feel lonely in them. I asked my mother-in-law what it meant to be married. She said there was no need of knowing, the first hour would be a change suddenly as of years." She has no use for books on psychology and medical books. "I love nature. I am a born old maid. Dr. — always said: "Are you still asleep?" Her doctor advised marriage; her sister and father urged it. Father was exceedingly particular at home. She and her sister roomed together, but never saw each other naked.

Formerly satisfaction in intercourse was mutual, on the basis that he always put her into a sleep, and then she was as keen as he, but lately he thinks he should not or cannot. "He is a psychic," she says. Now she is indifferent but sees the danger of toleration travelling over to distaste and repugnance.

Later she reports that sexual relations have been "much better



physically. I respond physically, not mentally." She says she now has normal feeling and reaches a climax once a week but "I hate myself afterward for doing it with a man I don't love."

*Case 618.* A professional woman of fine type married, late, an interesting man who was beginning to succeed as an actor. He had some feelings of inferiority because she had more money and success than he. The uncertainties made her postpone pregnancy though she greatly longed for children.

Sexually, they were never happy. Her desires and responses seemed to her normal. His reticences, quick emission and his sense of separateness seemed to her abnormal. She learned years later that his aversion to frankness or preliminary excitation and his difficulty in forcing himself to infrequent coitus was due to homosexuality of many years, with two men, which went on regularly during marriage and caused him to separate from her intermittently for long periods.

*Case 421.* At fifty a professional woman comes for irritability, nervous exhaustion, depression, fear of sleeping alone. Her husband is ill and financially worried. They are loving and devoted to each other. Both the children are at work since the husband's breakdown some years ago.

She was married in the twenties, first child in two years, the second in three more. She is in good general condition, menstruation is regular and normal. The vulva is a little pigmented; good clitoris; cervical polyps; no erythema after discussion.

This next year it develops that he has been overworked and she "gave up too constantly to the children" so that she has never felt sexually satisfied. He was absorbed in work from the first, "I am stronger that way than he." Her mother was extreme in her views about exposure. Though the patient's husband has often urged her to let him see her undressed she has never done so. They sleep in one bed, coitus is once a fortnight to once a month with quick emission. There has been no variety; he did some caressing but never caressed either breasts or vulva.

At fifty-one she has palpitation and backaches, laceration of the cervix and pelvic floor. After operation, she writes "I have been feeling badly lately, am conscious of those female parts of me all the time. Sometimes in my sleep those organs rub together somehow and bring a sort of gratification that is horrid. I wake up at once in mental distress

and every night try to lie on my back so that it won't happen but it has four times in nine days. I would rather not speak of this to you because it is so horrid but I begin to think it may be what keeps me from healing. I am awfully sorry and ashamed. I shall do anything you advise, maybe it would be better if I went to the hospital at once. I shall do as you think best and I hope I feel like my old self sometime. I haven't much self respect left."

It develops that as a young girl before puberty she discovered in church that by leaning forward with crossed legs there was pleasant feeling. After puberty, self relief took place every two or three months. At the present the excitement comes from crossed legs in sleep and is checked sharply on waking. "If I let it it would come nearly every night, and if I encouraged it in a couple of minutes it would go on to an ecstasy." The repairs healed well.

*Case 460.* At forty-four a fine cultivated woman, dignified and comely, wife of a professional man, comes about fear of pregnancy.

She has a vast vagina in huge soft folds, five inches posterior and three inches anterior reach; the meatus admits finger tip, insensitive; no breast excitability; worn introitus, full signs of former auto-erotism.

She was engaged a year, married early, the first child was born in two years and the second only after some years: no miscarriages. Both conceptions occurred just before the period with withdrawal which they used until two years ago when they began the use of the condom; also they used a vaginal pessary for five years.

She worked for years, under severe strain. Just now she is unable to take much exercise so she and her husband are a bit apart. "There is too much sex in our relations."

The early history is that auto-erotism was self taught, and that she never had any grief or conflict about it. At six she discovered that by pulling up on the head of the bed with the abdomen down in the mattress she produced the feelings she later knew in intercourse; she was caught by her mother but not really ashamed. She kept it up from time to time, especially for two or three years at puberty, from ten to thirteen, then stopped until she was engaged. In engagement he had strong feeling and she had some.

At marriage she soon developed full climax. At present he wants coitus every three days and she wants it every six. Coitus is usually three-quarters of an hour, all kinds of ways; she likes it but except just after periods has no real excitement until after a half hour. Then it



lasts five minutes and he always waits for her to finish. She wants him at unusual times, for example, "sometimes at six but it is all gone by ten o'clock." She has never asked him in her life and would not ask him to make friction on the clitoris though the climax would come quickly if he did so. He is original in method, in this as in everything. His favorite method is with her buttocks on the edge of the bed and her knees lifted with action for ten minutes.

Later she says that she has been thinking it over and believes that fear of pregnancy is at the bottom of her lack of response. "You can't let go entirely without getting caught. This comes into the rest of my life. It has something to do with my stubbornness in other things." She is depressed and good for nothing, her husband has a violent temper; says he is "not getting a square deal."

At fifty, the real trouble is that he is a grouch about money matters or the children or household affairs. By the time he gets through breakfast he has complained a dozen times, so that all her feeling turns to gall. Coitus is now once or twice a week from ten minutes to an hour. She has been effectively sterilized by cautery sound for six years. He is gentle, loving and demonstrative, never rough, though he can thrust deeply. She has a rare response in coitus but never strong. Introitus remains at three fingers, three joints, insensitive. She practices auto-erotism "once in three months or so," but has no sexual desire "just distaste for that whole relation."

No other man excites her. She has "no erotic dreams" but always nightmares with Chinamen pursuing her.

*Case 786.* The wife of a professional man is examined for fibroid at forty-two.

Menstruation began at fourteen, regularly without pain, excessively if overtired. For the last two years there has been some increasing dysmenorrhea and marked mental depression before periods; bladder is somewhat urgent; constipated always. She has been married eight years without the use of contraceptives; the vulva shows signs of moderate auto-erotism.

She and her husband are of fine type, effective, devoted, true comrades.

She had much pain in the first night of marriage and bled for weeks after. After eight years she associates that pain with his approach. She told him about her friendships with other men, showed their letters and destroyed them. He did not tell her about a woman who had made

persistent love to him and her letters, her picture and his expression of willingness to marry her were left forgotten in a desk and after a while the wife found them. The shock was severe but repressed. She read the letters, never told him for years; was shocked that when she did he said it was innocent sexually and no claim existed and no harm was done.

She says that she has sexual desire after period but not before. Before periods she broods about this matter. To be sexually responsive, "I must be able to put that woman, that deception, entirely out of my mind. I cannot just before a period."

*Case 727.* A professional man high strung, cultured and good looking, comes for advice about his sex problem. He is married to a woman who is extraordinarily silent and lives withdrawn from him both sexually and in other ways. They have had two children; never contraceptives.

The wife was brought up with bickering parents who finally separated. The mother in a drunken fit had explained sex actions to the daughter.

The wife was his first real sexual experience. Soon after the marriage she wanted her sister to live with them; then wanted to sleep with her or to have the door open between their rooms. After a while he declined to have the sister live with them any more. Later she kept a child in her room or the door open between. She is very jealous, even of the least attention to the children, such as a walk or a book read together, scolds against it. She never reads, has no conversation, does not want to discuss plans, does not continue her work. In the summer they live separately. She stays away in summer as long as it is possible, never comes back to town or invites him to come to the country with her.

In early intercourse she had much pain and some at other times as recently after a gap of three years. They have separate rooms. She lays down exact hours and conditions under which he can have coitus. He says he has done everything, attention, reading, caresses, gradual approaches, kisses, surroundings, springtime, whenever she showed any disposition to touch him or be interested. It is all of no use except at intervals of months. She acquiesces but has invited him only a few times. No preliminaries seem grateful or effective, neither clitoris or breast caress nor variety. She does not refuse but is torpid. He finishes almost as soon as he enters. The only real success is after a quarrel when both react with good orgasm.



*Case 423.* The wife of a professional man was first seen in spontaneous miscarriage at thirty-one. She is stout and short, cries a great deal though she looks blooming, high color, beautiful hair, very blonde complexion. She says her nerves broke down with working and caring for her invalid aunt. He is a handsome fellow, pleasant manners, intelligent, fine student, working fairly hard.

She was married in the twenties and has had several children with rather long gaps between. At thirty-nine she had moderate cervicitis. She has glandular, thick, small labia.

At thirty-nine she says there has been no coitus for a long time; no evidence of unfaithfulness. "Circumstances are such it never could be with him again," she says, wiping red eyes. "Our marriage was romantic," she says. "We eloped. He was a rich man's son. We weren't together much, I went on working. The physical didn't appeal to me, I had other thoughts." She had response in coitus for a while but was afraid of pregnancy; he had quick emissions, two minutes. Sometime ago she had erotic dreams before and after period, sometimes of him, sometimes of any man but no dreams now.

He says "discord at home." She says he is a recluse "all puffed up with himself, is in want of no human being, nobody like him he thinks, has no friends, objects to my having friends. He doesn't eat with his family, always around the kitchen looking into pots." He has a notion everyone is unclean, "insane on cleanliness," she says. He is a strong make-up, three hours sleep is enough for him, he comes in at one in the morning and wakes everyone up, never to bed before two in the morning. It is a case of all work and no play for both of them.

*Case 560.* The patient is thin, alert, direct with powerful inhibitions of conscience and much reserve. She comes with a long history of sexual hesitation, shame about auto-erotism and disgust about coitus.

She had been told that intercourse was for having babies only and has always doubted whether indulgence was right. She is shy about his caresses, has no curiosity, was disgusted by talk of girls at adolescence, was set against sex by Elbert Hubbard's expression "domestic orgies."

The early history is that at six or seven she obtained a climax by thigh pressure nearly daily but suffered no bad effects except remorse. This feeling continued until well after puberty and to this day, particularly after period, thigh pressure or lying on the thigh in bed brings desire and the need of fighting it. She can originate a desire in this

way anytime but never has spontaneous desire for coitus. When she was ten there was an attempted attack by a half-witted boy who tried to throw her down but her brother beat him off. From twelve to sixteen her father would not let her even bow to boys. He taught her not to let a boy or man lay finger on her, was always suspicious of sex approaches. He is a business man, "wonderful," high strung, emotional, generous, demonstrative and devoted. He himself had been powerfully sexed, wanted coitus nearly every night; the mother was normal in response but not so frequently desirous. Her mother told her this after marriage.

The vagina is very wide, six inches, that is, fully distensible to the sacrum; the introitus four fingers near three joints, insensitive. She says that levators throb at orgasm yet they are not strong enough to contract at request. The labia have marks of former auto-erotism, no prepuce, clitoris almost invisible. The breasts have small prominent nipples, moderate corrugation of the areolae.

When she was thirty-five to forty the husband's desire was two or three times a week for half an hour; "I am not ready except once or twice a month." She is not excited by other men or by dancing but is excited by books or the theatre. "I may care if I hear fine music, but it evaporates. He must be sure I am enjoying it before he will come to me." Feeling is strongest after period, first external, then both external and internal. She could have more than one climax but always thought it wrong. She never handled him for the same reason and this is what she thinks about auto-erotism. Fellatio and cunnilingus are very exciting and she is in doubt whether they are right. She fears, "he is too physical," also fears she will have no pleasure after menopause.

In the evenings she is tired and "needs exciting." She could reach orgasm quickly any morning but the children are awake and noisy which prevents. Her breasts are very sensitive, suction of nipples could almost bring climax, handling of vulva makes her wet and she could reach orgasm. When the husband is away even for a month she does not miss him yet must not lie on her side. "I sometimes feel as if I were going to pieces." She had not when younger been afraid of pregnancy and the condom broke six times during their married life. She had two operative abortions when she was in the forties.

Her attitude is very much changed by discussion and reading, "If one thinks passionate love for the husband is something to strive for instead of strive against it makes all the difference."



*Case 1055.* This is a case of possible pending separation in which the wife comes to inquire about sterilization by cautery. Advised by an obstetrician, whose name she gives, that her pelvic measurements will not permit normal delivery, she is not willing to face a Caesarean operation. The husband is Catholic, will not at present consent to birth control and is very anxious for a child.

She is in the twenties and not at all well developed. Her mother's family is Calvinist for many generations; and the father's Irish and Catholic. He adores the mother, who is Protestant, never a quarrel between them on this ground. The children were baptized as Catholics and after high school, she went to a Catholic school for girls. The father had money until she was grown.

Her husband is a Venezuelan, head of a mining company. They have been married four years without pregnancy. She knew him a year before marriage, saw a lot of him but knew none of the characteristics he has shown since. "He came up to my ideals then; since he has become himself." They were engaged briefly. Before this she was engaged to "another gentleman," "a big man" and told him about her pelvis and he was willing to accept the conditions. He drank, and she threw him over. Her husband was warned by her mother and said he would not want her to have children; this he now denies.

The pelvic measurements are: small crests, 21; spines, 19; external conjugates, 15.5 to 16; transverse of outlet 6 cms. The general facts about her pelvis have been verified by two obstetricians. She did not know until after marriage that she had an infantile uterus. Dyspareunia lasted from a year to a year and a half. Her husband had had no previous experience. He was very gentle and there was no full entry for a year and a half. They used a condom which never broke. Intercourse was several times a week, feeling mostly outside, through in fifteen minutes; she had strong excitement in orgasm. Breasts are very sensitive, even to the point of orgasm.

Menstruation began on time, has always been irregular, now varies from five to eight weeks, and she has quite a bit of dysmenorrhea. She had a dilation before marriage; in the first year of marriage, chronic appendicitis and colitis made worse by appendectomy. Now terribly nervous and depressed for a year, she cries all the time—her "worst habit"—never more nervous in her life, and in a year has been in bed three months off and on. She talks with the invalid habit and the doctor habit.

The situation is now that he is insisting for a year and a half on her

having a child with a Caesarean operation. She becomes terrified and he abusive. "That woman," he says to an outsider, "she has no maternal instinct." Everything in their common life is becoming unsatisfactory. He flirts with chorus girls from the front row, even when she is present. At the theatre he wants only to see the ballet, never reads and has no education. He does not touch alcohol. She calls him Jekyl-Hyde, "always suspicious someone is putting something over on him."

He first gave her an allowance and then stopped it and demanded a check up. Now her allowance is only five dollars in two weeks; he gives the maid money to pay bills. "I was never extravagant and never charged bills without asking him first. He said I was giving too much, saved from my allowance, to my family." He has always been jealous of her family. He became jealous immediately; thought she did not love him enough because there were no caresses before anyone. "He did not like the dog or my friends." He would not let the dog come in the automobile; gave these orders to the chauffeur.

She formerly dreaded her father, and was very critical because he drank; but he has "a heart of gold" and is kind, and she now admires him. Having a job by day and dancing every night, used her up as a girl; she was out nearly every night from eighteen to twenty-three, and her mother always waited up for her to come in, even till four o'clock. "Mother never had anything for herself." The husband attacks her mother as dominating. "I never kept anything from my mother. I had to do nothing I could not tell mother. My first cigarette was with her at fifteen." Her husband wanted to build a house in the suburbs but she wanted to stay near her family. She says nothing about her husband's family except that she cannot eat their Spanish cooking.

The early sex education which she describes is that she kept pets, and saw her Angora cat have kittens. The mother showed her birds and animals mating and from thirteen gave information. Her form of auto-erotism was in night dreams. "During waking hours I never allowed sex ideas; but my dreams were horrible, first of a dog or horse trying to throw me down and then men. I was in terror, wet but no orgasm; never friction." Since a tiny child she had been told never to touch herself, as the parts "were very delicate and rubbing might injure." At seventeen a fortune teller told her about her dreams. "I read a great deal; 'The Sheik' and Balzac's are the most erotic books. I love dancing; the most wonderful experience in the world."



Excitement would depend on the appeal of the man—formerly, at times. She did no petting, had the reputation for being unkissable; as did her sister—"never an unpleasant experience, everything was lovely, happy and clean." Liquor at home always so it is no temptation. Gin excites, Kummel "affects the female organs" instantly, "never touched it unless Mother gave it to me. Champagne would be my choice."

At present coitus is once in three months and she is almost out of her mind with sex feeling. She refuses to let him come to her without a condom; he arouses her sex desires and then leaves her. Since he does not want contraceptives used, she can not even use a suppository, he watches her so—"I can not even go into the bath room to urinate." A pessary would not work for this reason. Father —, who has known her since she was a baby, has told her that she should "use birth control."

The lawyers of both sides have discussed the problem. Her husband's lawyer says there is a case for separation. Her lawyer says the husband has a case if she insists on the condom. She is penniless, if they separate; he has offered her one-tenth of his annual income—"I spend that a week on medicine."

An obstetrician of high reputation has said he would abort her if she became pregnant. Her husband would not consent. Her family physician says he is willing to say that she is in no condition for pregnancy or a Caesarean, but in face of the husband's objection he is not willing to advise sterilization. The patient was advised that under these circumstances sterilization could not be done legally.

## CHAPTER XV

### FEAR

*AFTER a sexual cause has shocked the personality into a strong negative reaction, negation wants to function whenever sex reappears in experience. The dreadful memories of childhood and girlhood come up to make marriage dreadful in half the known cases of marital maladjustment and sometimes in those who call themselves contented. Confronted with these sexual barriers and varied fears of living, the patient traces the original causes of shock to mother, church, education, and husband's behavior as well as to observation and chance. The patient fears the initiation of sexual emotion, because it causes shock, physical changes in the organism and the after effects of exhaustion. Other emotions also give a diluted version of shock and new and unprotected situations physical, aesthetic, moral, and so on, are avoided by the shocked personality. The patient never realizes the original source of her fear or the mechanics of its compensation.*

**F**EAR is the second word in the vocabulary of sex, the word "No."

A cold breath which suffuses all the questions, evasions and denials of sex, it continues in the discussion of the negations of marriage as a specialized form of maladjustment. Fear is apprehension of an unknown evil which is to come. It can always be discovered in sexual unhappiness and is mentioned in more than half of such cases. The case histories following illustrate its mechanism:

At fifty, the wife of a professional man, mother of a son and two daughters, comes for frigidity. After a married life of twenty years without the slightest sexual pleasure, the appearance of what she calls "comfortable feeling" in intercourse with vague after-sensations in sleep prompts investigation, and consultation with a gynecologist follows a winter's treatment by a psychiatrist.



Menstruation began early and ended early without much disturbance. The vulva has the typical atrophy of menopause where there is lack of interest and activity in sexual experience. The vagina is four inches posterior and two inches anterior reach, the vaginal lining atrophic and reddened; the cervix small, soft and atrophied, clitoris small with no adhesions. Perineal repairs and an abdominal operation for backward displacement, more than ten years ago, have left a hard, inelastic white scar, very tight, tender and rigid at the rear of the two finger introitus; some dyspareunia at entry. The breasts are soft, with flat areolae almost absent and an inrolled right nipple.

She has been dissatisfied throughout her marriage and nervousness has been her main complaint all the years. She gives way to fear easily—and is always afraid. She cries easily and habitually, is full of self-reproaches and self pity, and admits that she is constitutionally unable and unwilling to face facts. She has no avocation; has had painting lessons, does flowers and still life fairly well, but at her age doubts if painting is worth while. She cannot learn to drive a car except in the country and that without pleasure. In the family, there are incessant minor irritations; she is indifferent about entertaining guests, which the husband enjoys; is unwilling to delegate responsibility to servants; "made a mistake in the beginning" and would not let him talk about his work at home. Now he does not know how to play, will not talk about his work and spoils play by working at it. She has been jealous once, but prefers that her husband should give those particulars.

Both are college graduates, and from able and critical families. His people are conventional and well-do-do; her antecedents are poverty and learning. Her father looked down on the business in which her husband's family made their money and she has always been a little tainted by that attitude. She recalls an unhappy childhood, in a large family; the teens full of all work and no play, church the only emotional outlet.

Marriage was at twenty-eight. She went to a doctor beforehand to get instruction. "I had a fear. . . . I did not know how babies were born or conceived. Mother told me about a girl

having a baby without a husband and I feared that some carnal association might bring babies. . . . Mother told me that married relations were only for having children." At marriage she was in no sense demonstrative, but he was very much so. They had no sexual intercourse for over a year after marriage. The first girl was born at thirty, the second three years later. Except with the intention of reproduction they had no intercourse in the interval. The last child was at thirty-five; no abortions.

This earlier attitude about sex now seems to her to have been theoretical. At present she says she has no revulsion, but gets no pleasure from kisses and the usual demonstrations. After years of ejaculation "instantly" or "in a minute," he has lately managed a staying power of five minutes. Now "He is irritable without sex relief; perhaps I am . . . the basis of our misfit is all in that way."

The physician emphasized the fact that the wife's present increased responsiveness probably helped in the husband's new power of erection, and in the attitude of confidence vs. that of fear. For the fear and its erotic significance, the patient, still crying, goes back to her psychiatrist. It should here be interpolated that the tears and the genital findings are regarded as adverse and corroborative—both may be ways of saying that she has given up the struggle.

At the same time, there is under observation an adolescent girl whose manifestations of fear seem to make a continuity with the older woman. It is as if the thirty-three years difference disappeared and the complaining wife emerged at seventeen.

At seventeen a high school student comes for irregular menstruation; the reproductive organs are fully developed; some hypothyroidism.

As a child of seven, she was afraid of the dark, of insects and of dogs. She sat tense and trembling when the train went over a bridge, and when picking violets in the swamp she cried to be carried out, lest she sink. She was terrified at the ocean, and never went bathing in it after one experience. Later, she could not go motoring because another car might strike her father's car.



She was most obedient, had never been struck, had required little discipline of any kind, but had heard much quarreling between her parents. A chorea developed at nine; her language lessons were stopped and she was kept out of school a term.

At fourteen she still wore the dresses of a twelve year old and was over-careful, over-anxious, blushing and shy. At fifteen she went to a girls' school, hated boys and hated her father. In this year she was greatly frightened because a man dressed in rough working clothes approached her as if he intended to speak. She ran back into the house and slammed the door but after getting upstairs volunteered that probably he was only a beggar. At sixteen school became co-educational; she was much attracted by boys, proceeding by the devices of antagonism and opposition, and was finicky and over aesthetic.

The permanent separation of the parents was followed by alternating stages of rebellion and acquiescence, the old choreic tic disappearing in the first phase and returning, with indigestion, nervousness and vomiting in the second. At eighteen, with great inner conflict, the patient withdrew entirely from her father. Regular menstruation was established and her health appeared average except for attacks of stomach trouble.

In this connection the internist discovered that stomach difficulty is preceded by attacks of fear. She runs away from unpleasant situations; when she stands her ground she has a tendency to sarcasm, especially at the expense of the other sex. Boys and men usually arouse feelings of antagonism and resentment. She has a complete block of intellectual activity when anything seems too hard, e.g., mathematics. In this class she sits trembling and cold, afterward she is exhausted and unable to digest anything. She refers decisions to adults, wants protection and cherishing, is fatalistic, likes ancient history and thinks that the present generation is "horrid."

The experience of these histories prompts the anticipation that this girl may be frigid in marriage. Just as she seems to express the youth of the older woman, so the older patient expresses the girl's maturity. Both live under the influence of destructive forces, their reservoirs of power buried. Without knowing the

original cause and without an opinion as to whether it is sexual, obviously they are not what they might be, through fear. A motive which sets the pace of the whole life presumably sets the pace of the sexual life.

#### DISTRIBUTION OF FEAR

Nearly every other one of the dissatisfied wives made some complaint of fear. Adding together the causes for fears which are often repeated and stated as sexual, results in a total of 219 fears distributed as:

Sex repulsion.....	146
Pregnancy.....	63
Venereal disease.....	10

The patients who list these fears also have miscellaneous fears: of animals, the dark, burglars, noise, machinery, poison in food, sin, punishment, strange men, sexual assault, semen, crowds, being alone, thunder and lightning, storms with high wind, snakes, fire, closed rooms, open spaces, high places, dirt, water, loss of position, ridicule, criticism, attracting attention, poverty, old age, pain, germs, cancer, tuberculosis, displacement of the womb, anaesthesia, death, oblivion, decay, loss of religion, and the sinister element in new situations of all kinds.

Of such indications of fear as self-consciousness, timidity and exaggerated aggressiveness, no account has been made. Many of these fears were interpreted as symbols of sexual fear, without going into details and without attempting to show a connection. The sexual fear was the one admitted, the other came out incidentally, so the sexual fear was taken up directly.

The precise distribution of fear in terms of sexual adjustment is shown in Table XXIX.

This must be construed in terms of the situation rather than of the figures. Logically, frigid wives and those with dyspareunia would have the most persistent fears, but it may be that they told the most, or that the worst cases were looked for here. Those who have come to the aggressive course of separation and divorce do not discuss fears any more than passionate women; whereas



it is possible to report marital adjustment together with fear and apprehensiveness.

The frequent fear that the sex impulse is low is described in fifteen instances as: "Passion is animal." . . . "gratification is wrong." . . . "sex feeling is wicked." . . . "I dare not." . . . "no nice woman would." . . . "I am ashamed to give way." . . . "something in sex pleasure seems wrong." . . . "I wouldn't put love down to that." . . . "clitoris friction is wrong." . . . "my religious training forbids." . . . "I dread nakedness." . . .

TABLE XXIX

INCIDENCE AND CAUSE OF FEARS RECORDED IN 219 CASES ACCORDING TO ADJUSTMENT IN MARRIAGE

	Groups Reporting Fears*					
	Total	Adjusted	Dyspareunia	Frigid	Maladjusted	Widows
Group total.....	778	363	175	100	100	40
Total reporting fears.....	219	87	53	49	27	3
<i>Source or cause of fears:</i>						
"Sex is low".....	94	46	17	17	14	—
Pregnancy.....	63	25	19	9	7	3
Manual contact.....	22	5	12	5	—	—
Former association in coitus.....	16	—	—	16	—	—
General apprehension.....	14	9	5	—	—	—
Disease.....	10	2	—	2	6	—

\* No fears reported by 320, including: Controls, 200; Brides, 50; Separated and Divorced, 40; Passionate, 30.

"It is demeaning." . . . "I am afraid my husband will think me unwomanly." . . . "I am ashamed, it is so carnal." . . . "I am ashamed that, once we were adjusted this way, all our quarrelling stopped."

Among the associations with coitus which have proven unfortunate are these: "One time he used the expression 'domestic orgies'". . . . "My first husband used me several times a night, and I am off it forever." . . . "He always makes me feel inferior." . . . "He uses me as a means of self-gratification." . . .

"Once I felt degraded, and I can never get over it." . . . "My mother gave me my first knowledge of the sex act when she was drunk." . . . "I always remember that once he kicked me out of the room." . . . "I dread the mess of the semen." . . . "The first night was a nightmare; I shall never forget it." . . . "I always think of the other woman." . . . "His letters from another girl come back to me then." . . . "I am afraid he will have a stroke and die in bed with me." . . . "I am oppressed then by the other things I have to do." . . . "I feel as if something might happen." . . . "I think of his death." . . .

Some of these complaints are vague apprehensions, but the bulk goes back to fears of giving up virginity, loss of personality, and to pregnancy viewed as pain and possible death. She fears the male power of coitus as miniature and replica of those great issues which can overcome her in the end.

**ANTECEDENT SHOCK.** In these repetitions fear becomes mixed up with the factor which first brought it to pass and there is a permanent confusion of fear and cause. This pattern is repeated again and again.

Upon the observance of the symptoms of fear, it was the doctor's habit to say, "Just what are your inhibitions?" If she thought of some the inquiry was pushed and the next question was "What shocks have you had?" The patient then told a story of which the following is typical in the ages and kinds of difficulty presented:

"When I was six or seven years old, my brother, my boy cousin, another little girl and I were playing dress-up in the attic one rainy afternoon. After we had tried on all the long dresses and hats over our clothes, over and over, we decided to exchange our everyday clothes and to do it, we took off everything and looked at each other. Just then two of the mothers found us and they spanked and scolded everybody so that we felt terribly ashamed. Nothing more happened until I was about fifteen; I was coming home from school through the park one noon and behind some shrubbery I heard a noise and there was a rough looking man urinating. I ran all the way home. The next incident was in the late teens. I was going to school one day and one of my school-



mates went by me in a car, full of her baggage, crying. I heard soon after that she was pregnant and being taken out of town to have the baby. In my early twenties, I discovered through the newspapers that two people I loved and admired had committed adultery. . . ."

The patient goes on to say that she is very much shocked by the sense of maleness, by things which affront her idealism and by the feeling of wrong doing. All her fears are connected with sexual shocks—but not necessarily with the identical shocks she enumerates. Replies to such a leading first question must be of great psychic importance; but it is unlikely that the first shocks could be deferred until the sixth year, the earliest given by any patient.

In the later alignment of shock and fear, and in a well-studied historic development, it is easy to see that they follow parallel lines and that a foundation neurosis makes the whole sequence possible. To continue with the patient, the dreams of fear, which she tells incidentally, are variations of the original shock: "I thought I was running away from a Chinaman down a long narrow American street between rows of ramshackle little houses. He was a laundryman holding out a whisk broom and he ran very fast with his pigtail flying out behind him. When he caught me he would brush me, and just as the street ended in a blind alley where he surely would, I always woke up." . . . "I thought I heard something coming bumpty-bump up the stairs and when I looked it was a snake standing up on its tail and the bump was its hopping from stair to stair. When it got to the landing it lay down as usual and wriggled into my bed and then I woke up."

SOURCES. The shocks recounted by patients generally include some during the married life, beginning with first coitus and are as in Table XXX. When these reports of shock are redistributed in terms of sexual adjustment, they are as in Table XXXI.

The data about fears and shocks do not match and do not come to the same totals even if a shock is assumed for every fear. This means that the patient told now one, and now the other half

TABLE XXX  
SHOCKS IN 150 WIVES

Cause	Frequency	Per Cent
Education, Total.....	29	19
Parental teaching.....	7	
Parental unhappiness.....	4	
Religious instruction.....	18	
Before Engagement, Total.....	54	36
Menstruation, and hearing facts of birth and coitus...	38	
Illegitimacy.....	3	
Rape.....	3	
Account of friend's marriage.....	2	
Male genitals.....	8	
Engagement and Marriage, total.....	63	43
Engagement.....	3	
First coitus in marriage.....	12	
First labor.....	2	
Husband's sex life.....	25	
Husband's attitude.....	21	
Unknown Cause.....	4	2

TABLE XXXI  
SOURCE OF SEXUAL SHOCK REPORTED BY 150 WIVES

Source of Shock	Classification							
	Total	Maladjusted	Adjusted	Dyspareunia	Frigid	Divorced	Passionate	Widows
Total.....	150	73	29	19	13	11	4	1
Menstruation and childbirth.....	36	27	4	3	2	0	0	0
Religious and home training.....	29	13	15	1	0	0	0	0
Husband's sex life.....	25	7	4	2	1	11	0	0
Husband's approach or attitude...	21	19	0	2	0	0	0	0
First coitus.....	12	2	3	3	4	0	0	0
Male genitals.....	8	1	2	4	0	0	0	0
Hearing of coitus (or rape).....	5	1	1	1	1	0	0	1
Unknown.....	4	0	0	0	0	0	4	0
Illegitimacy.....	3	0	0	2	1	0	0	0
Engagement experience.....	3	2	0	0	1	0	0	0
Friend's marriage.....	2	0	0	1	1	0	0	0
First labor.....	2	1	0	0	1	0	0	0



of her story; and that the discussion of her fears sometimes led to present aspects of her life with her husband, instead of back into her past. The form of the question permits any kind of answer, but with the exception of the woman who cites the death of her father, the patient always tells of what she understands as sexual shock.

**PHYSICAL INTERPRETATION.** Before further correlation of shock and fear in the sex life, we interpolate with comments, selected passages about the phenomena of shock quoted or derived from "A Physical Interpretation of Shock, Exhaustion and Restoration," by Dr. George W. Crile, Oxford University Press, 1921:

"Shock is a state of exhaustion, rapidly developed by psychic, traumatic, toxic or thermal stimuli." . . . It produces histologic changes in the brain, the blood, the liver, the adrenals and the thyroid. Stored carbohydrates, from the liver are called out and flood the blood with sugar. Albumin and sugar appear in the urine. Epinephrine increases and the product secreted in this stress has the same effect as injected adrenin. The electric conductivity of the brain, liver and other organs is altered. Shock, fatigue and exhaustion have a common biologic principle and shock and exhaustion feel the same. Shock by physical injury, intense emotion, acute infection, or anaphylaxis is worse if it comes in exhaustion. "Emotion causes a more rapid exhaustion than is caused by exertion or by trauma or by any toxic stimulus except perforation of the viscera." . . . "Emotions drive the organism with extreme intensity, may suspend the normal functions and reduce the individual to a state of complete cold prostration—e.g., emotion may cause exhaustion and shock." . . . "In the case of birds before snakes, fear may instantly overwhelm the organism." . . . "There is no ultimate difference between bloodless intangible exhaustion and bloody tangible shock." . . . "Shock obeys the laws of physics and degree of shock is proportioned to the intensity and number of injurious contacts, multiplied by the excitability of the injured tissues."

The mechanism of exhaustion, to which shock is an equivalent, is that in acute shock, a man sees danger but lacks the power to escape; he understands words but lacks the normal power of response. He is unable to transform energy into the form of heat, motion and mental action. "Mental power fades to unconsciousness, blood pressure falls to zero. The organism has lost its self-mastery."

This vigorous and lucid paragraph about shock is written in terms of the soldier, since the summation of the research was made in France during the war. Change it into terms of the bedroom, and it presents a very understandable account of the demeanor of the reluctant wife. She has been shocked, she keeps on re-living the shock; she is afraid.

REMINISCENCE. But the wife was not necessarily shocked in marriage. It is necessary to read her story in the language of reminiscence. For the mechanism of this reminiscence, return to the soldier and to what goes on in his brain:

"Whenever this receptive human matrix of infinite delicacy is exposed to action currents of unusual intensity, e.g., broken leg, the pathway of that action pattern in the brain will become dominant. As the recurring pain (of dressings) increases the facilitation of this pathway, the individual will become largely a one-path individual, i.e., he possesses a broken-leg brain path—his brain is under a broken-leg facilitation. He is less interested in his personal affairs, his business, his church, his family and friends. Abnormal facilitations—one-path personalities—are caused not only by traumatic stimuli, but to the same degree by mental and emotional stimuli." The financier who has crashed in speculation has a financial-disaster brain—the soldier, "a one-pattern, sound-facilitated or a shell-shock brain."

This is another way of saying that in a sex-shocked brain, the recurrent pain of sexuality makes the sex-shock path of that action pattern in the brain become dominant.

Returning again to the soldier, the process of the kinetic theory in treatment is described:

"Now if this pattern is subjected to competing stimuli, as for example, if the financier recoups his fortune or the soldier hears of the armistice, it will be superceded by other facilitations. A stronger set of stimuli get hold of the common path and the misfortune is no longer in supreme control. This ought to take place promptly. The sooner, the more completely normal balance is restored."

The conclusion of this interpretation of clinical phenomena among soldiers is that "the human phonograph then goes on playing the tune of life," some records too much depressed



for want of use and others too much facilitated. There remains always the problem of perpetual co-ordination of the organism into balanced personality.

Under this guise there is stated exactly the case of the sex-shocked woman. Before the beginning of marital experience, she is conditioned by a sexual shock which meets the overtures of sexuality with fear and at the time of maximum union brings up the maximum of opposition. In the panic of fear, expansive elements are crushed and contractile elements take command. James' phrase about "the habitual center of personal energy, the hot place in a man's consciousness" is reversed and the patient, instead, shows the cold place in consciousness, the fear place. The personality curdles in disintegration.

The true shock is not the one apparent on the adult surface. The actual origin dates from the time when the first frightful impact of sex from the outer world overcame innocence. It now strikes with the force accumulated by a lifetime of blows in the same spot. The bride who has developed a habit of washing the hands says she keeps feeling all the time that semen is dirty. It develops a little later that she was married suddenly a few weeks after her mother's death in the attempt to assuage her grief. Conscience now accuses this as light-minded and the hand-washing is to relieve guilt. When she had confessed this much to the doctor, she cried copiously and was much relieved. The conversation went back to her husband and the root of the childhood shock was again ploughed under. Thus a story remains one of reminiscent shock, the secondary, not the original source.

**VICARIOUS SHOCK.** Aesthetic shock follows the sexual parallel and may become confused with the shock of sexual origin. The reviled biography, and the ultra-modern statue which the vandal paints red are materials of shock, translated into anger. The schoolgirl who recoils before abstract sculpture in which an eggshaped carving of marble is shown her as a study of Pavlova, turns chilly and vomits like a frigid wife. Her reaction is the shock of collapse and flight. The man who sees a street accident, the spectator on the battle field and the juror at the murder trial all show the phenomena of lowered circulation and nausea. . . .

"I have never investigated the soul of a wicked man," said La Rochefoucauld, "but I once became acquainted with the soul of a good man; I was shocked."

Personal experience accounts for sexual shocks recounted by some of these patients in reading Tennyson, "East Lynne," "Adam Bede," "The Scarlet Letter," "Taming of the Shrew," and the Bible. It also figures in the full circle of censorship of book, stage and screen.

Even scientific material may take on the character of unauthorized essays with sex. As the reader observes the points from which he reacts with repulsion from this book he notes the chapters on frigidity and passion in particular, finding the latter the more repelling. "Was my passion the same as this? Can ideals stand for it? Must my child run these risks?" Is it not because the idea of passion is accepted reluctantly that the frigid woman stands out like a portrait, but the passionate one remains so hazy to the eye? The reader is unwilling to look at the ocean of sexuality, because sexual experience so easily becomes vicarious. Upon the shore, the watcher feels the meaning of the sea. Will he play safe? Then the cold place in consciousness is in control. He resists the fact that every line of new data drags up more of the unresolved depths of personal experience.

The medical treatment of shock is fluids, opium, warmth, rest, sleep, and re-education. In the back-ground is the question that by fear also is salvation. Rationalism cannot convert a man to religion and the twice born always testifies that fear was darkest just before the miracle. This psychology is also effective in the determination of a final attitude toward sex.

#### INTERPENETRATION OF SHOCK AND FEAR, SEXUALITY AND LIVING

Shock does not have to be extreme to result in extreme reluctance and the fear equivalent of shock can not be foretold. It depends upon the habitual means of outlet for nerve force and whether the organism has other opportunity to discharge high pressure affect. The balance between mental and physical manifestations of fear is also unpredictable. As to the latter, the evidence of patients who complain of pain in coitus tends to indicate that physical pain varies inversely as mental suffering.



Fear has varied channels of expression: the original sex aim may disappear and a sublimation take its place; other work, friends and interests than those of the husband fill the wife's time. Anger may develop against the sex partner, or the wife become otherwise aggressive. She runs away or she collapses at the impossibility of flight. She has any one of several physical symptoms including distress in intercourse or she is mentally affected with diffused or specific neurotic fears. A woman's fears of ridicule, disappointment, illness, old age, accident, death, and social opinion, and even those masked states in which she fears for mother, child, or husband are here understood as emotional unrest and impoverishment.

Fear of all life is mixed up with the fear of sexuality. It is more difficult to love if the preceding history is of fear, so that great susceptibility to shock is here associated with poverty in love. This may hint that fear and sexuality are also in inverse ratio. Practically, the average patient splits herself and has some of both.

This dualism of the patient has its meaning, which is that fear is not all unpleasant. Christianity was built on it; man fears both God and the Devil; the gambler longs to shake the dice; in the theatre and the detective story, murder is fascinating. When the poet says "neither hope nor fear," he pairs twin sources of power implying that with either there is still promise, without both, it is the end.

Fear feels like death and death both attracts and repels. To the fearful patient, coitus may seem to partake of death and she is unwilling to approach oblivion. Or, sexual union may seem the only reality and more and more is desired to blot out the shadows of separation, illness and death. These contradictions hint at the psychology of the woman who seems to want inadequate sexual relationships. But fear springing from self-preservation is the opposite of annihilation, and fear of death means also desire for life, desire for creation. This is a clue to the mechanism of fear.

## CHAPTER XVI

### SUBSTITUTION AND COMPENSATION

*SEXUAL power unused in the heterosexual channel turns into auto-eroticism in two out of three cases, making in method, frequency, intervals and daydreaming, elaborate simulation of sexual union. A second alternative or one which diverts sexual desire into a parallel line is that Third Direction of work, amusement, asceticism, illness, absorption in other personality or minor satisfaction, etc. In the unsatisfied, erotic stimuli of every day life, theoretically less significant, after marriage, recur in the Third Direction and in dreams, and are sometimes marked in pelvic examination. Perversion in the old-fashioned definition of the word occurs quite generally. It is here regarded as most significant in marking the end of a phase and reaching toward a new status.*

**A**BOUT A FIXED pattern of sex, this book has a growing skepticism. The Platonic version of man and woman as one, cut into two halves perpetually seeking reunion, remains as satisfactory as any explanation yet offered by science; every flat yes calls into opposition the flat no. A theory of the sexual impulse as art, an assumption to be held lightly in the open hand, seems the most tenable of all theories.

A thousand patients construct a characteristic channel. The patient's story of the sexual impulse is of a unity which divides three times: and may take three directions, even at one time.

*Love of Self*  
*Love of Others*  
*The Third Direction*

The essentials of this force are its power of separating, of reuniting and of moving in three directions at the same time.



*Love of Self*

The first alternative defines as love of self every form in which any self feeling can result in any self expression.

**AUTO-EROTISM.** We are first concerned only with the sexual side of self-love and with those alternatives which permit the full cycle of sexual satisfaction to take place within the self, and to which is given the unsatisfactory name of auto-erotism.

This is what Havelock Ellis calls the "artificial subdivision of a great group of natural facts." As defined in this book auto-erotism is narrowed to genital limits. By some means of stimulation the individual alone brings the sexual cycle to a high pitch of excitement whether or not to the point of orgasm.

Masturbation is too limited a term for this practice which does not necessarily involve handling as connoted by the Latin root word, "to rape with the hand." The word auto-erotism is more adaptable. It includes daydreams of sexual phantasy in progressive phases of local genital thrill. Its parallel with other lines of erotic substitution can be traced.

When these observations were made, the patients were of age and opportunity for mating. Typically, they were thirty years old, wives of four or five years marriage. Their occupations show abundantly diverse forms of self-expression in work and recreation. Yet the experience of self-orgasm at some time, if not during the period of observation, was stated in nearly three hundred cases.

**PREVALENCE.** Presumably the prevalence of auto-erotism is wider than the three hundred cases whose statements are recorded. The doctor says he has never asked a man who did not admit auto-erotism (two of the problems of the thousand cases are husbands who prefer to ejaculate alone instead of in coitus) and that the first time the question is raised about one-half of his women patients admit it and another quarter eventually.

To the grown patient who had fear of serious physical penalties, or to those given to moral self-castigation because of moderate auto-erotism with local self relief, without signs of excessive indulgence or statement of prolonged daydreaming, the doctor

spoke of the feelings and practice as natural and harmless, the charge and discharge of a battery of electric energy. He said that just as menstruation was a physical preparation for child-bearing that had nothing to do with morals, so this feeling was a preparation for response to the husband which need not be a moral question if spontaneous and infrequent. Established as a too often repeated, prolonged congestion, it might permanently side-track the perfect response after marriage. It could help develop the lascivious mind. Such assurance, given to patients to whom it was adapted, brought great relief of mind and the doctor does not recall any reactions in the way of later reproaches for these assurances. (This matter is taken up in detail in another volume.)

Evidence regarded as proof of auto-erotism was found in well defined alteration in the vulva, this opinion going back to another study covering 467 cases. In the present series of a thousand and ninety-eight patients, 286 women reported auto-erotic practice, 335 more had vulvar signs of it and 74 more had signs of former practice. (Table XXXII). This means that 700 are recorded as having had auto-erotic experience and 400 offer no record, or a prevalence approaching two out of three. This may be a conservative estimate; there may well have been fewer entries in the records of patients who presented problems upon which such data have less bearing; for example, pregnancy. The doctor noted the association of marked vulvar hypertrophies, with a degree of freedom from tears in labor, and recorded such alterations to see whether the massage of vulvar masturbation rendered the pelvic floor elastic and vascular, as the typical habit does. The distribution of auto-erotism by vulvar signs holds the ratio of two out of three in women who are adjusted to marriage without complaint. In the control group, which is significant since no particular sex history was sought and the patient was not studied with the idea of record, the auto-erotic proportion incidentally recorded is two in five. The large proportion of statements of auto-erotic habits made by women who were frigid or had dyspareunia must not lead to the presumption that auto-erotism prevented sexual union or that they were



auto-erotic above all the rest. They are cases where this issue would have been raised rather fully. While the number of passionate women is smaller, the proportion of the auto-erotic among them is larger.

EVOLUTION. Stories of the beginning of sexual feeling in childhood deal with dim things and are told remotely. The child

TABLE XXXII

AUTO-EROTISM: FACTS AND HYPOTHESES AND METHODS, BY CLASSIFICATION

A. Facts and Hypotheses	Total		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Number	Per Cent	Brides	Widows	Passionate	Frigid	Maladjusted	Dyspareunia	Controls	Divorced and Separated	Adjusted
Total.....	1,098		50	40	30	100	100	175	200	40	363
A. No Data.....	397		16	—	4	25	42	60	123	18	109
A. Total with data.....	701	100	34	40	26	75	58	115	77	22	254
No Vulvar Signs.....	6	1	—	—	—	—	3	—	—	—	3
Vulvar Signs, active....	335	48	30	15	6	12	12	30	28	7	230
Vulvar Signs, former practice.....	74	10	—	1	—	7	10	—	—	—	21
Verbal Admission and vulvar signs.....	286	41	4	24	20	56	33	85	49	15	*
B. Methods											
B. No Data.....	679	—	50	16	10	75	83	90	197	25	133
B. Total Data.....	419	100	—	24	20	25	17	85	3	15	230
Vulvar.....	276	67	—	7	12	10	6	75	—	12	154
Vaginal.....	86	20	—	10	3	7	2	2	3	1	58
Urethral.....	47	11	—	5	4	7	7	4	—	2	18
Thighs and in sleep....	10	2	—	2	1	1	2	4	—	—	—

\* Wives who make no complaint about their marriage are not asked about auto-erotic practice.

was six or seven or eight years old. She was climbing a tree and in sliding down felt a pleasant feeling and tried to make it come some more; or her brother taught her; or her mother explained that something was not to be done and she tried to find out what it was; or she learned from using a washrag in the bath; or she

began when she was told to wash in a hurry. Swinging caused it; or a playmate told her. She felt it first on her bicycle—or at a little later age she read about it in a book that had anatomical pictures.

Information coming from someone else is not reported as frequently as solitary discovery, but instances are fairly numerous. There is no record of continuous auto-erotism from the childish experience. The patient does not "quite remember," but after a time "it disappeared." The pleasure was forgotten in some very notable change in environment, or reproof or discovery made it seem a forbidden zone.

Of adolescence, the typical age of the discovery of auto-erotism in this study, the feeling of the experience recounted is often definite, vivid and emotional. The patient remembers "as if it were yesterday."

She was, she says, an active child of thirteen, spending most of her time outdoors. One summer she began to have again and again the same dream. A swamp landscape, the background dark with evergreen trees had at its center a great pool of still black water. Under her eyes, the water at the outer edge began moving in wide slow circles; as the circles narrowed, they assumed force and the rhythm brought a feeling of inevitability as if their approach were unendurable. Fear came and a sense of black depth and of holding back. All the landscape faded to great spirals of waves and to the dark vortex which should suck down—roaring, darker, faster, nearer. . . . At this point the child wakes perspiring relaxed, exhausted. That this dream was a sexual mask she never knew until later when it took the form of a circular whirling in the vulva ending in orgasm and followed by the same exhaustion.

*"Now the rich stream of music winds along,  
Deep, majestic, smooth and strong—"*

The terms used to describe localized sexual feeling are borrowed from music, flying and dancing: they suggest a rhythmic origin. The patient says she felt "whirring," "beating," "throb-



bing;" "fluttering;" "burning;" "leaping;" "jumping;" "pulsing." This is the far distillation of Dryden:

*"Sharp violins. . . ."*

*"The double, double, double beat*

*Of the thundering drum. . . ."*

*"Through all the compass of the notes it ran,*

*The diapason closing full in man"—*

In reminiscence, the story appears as a physiological revelation without mental imagery. A sulky girl from fourteen to seventeen, or a trembling young lady of eighteen to twenty-two confused with shame and wrongdoing, may finally be induced to admit auto-erotic practice—but without particulars. If adolescent crushes have gone with its beginning, or if it were linked with a remote and fanciful attraction, the patient does not trace the derivation.

"Learned in engagement" or "continued until engagement" when she stopped the habit, is another milestone. There are numerous instances of "terrible throbbing" in his presence and one of a first orgasm coming suddenly in a social gathering. "He looked at me across the room." Assigned reading at college and scientific work after college in the regular occupational routine provided the auto-erotic beginning in a few cases. Once feeling mounted so in pregnancy that self-relief was adopted because coitus with the husband was not enough.

Auto-erotic practice during marriage may be during the absence or alienation of the husband or concurrently with coitus. The most acute stories of its awakening have to do with post-operative weeks; with such physiological cause as goitre, caruncle or menopause; or with separation, divorce or widowhood. Several widows first learned of the possibility from friends.

METHOD. The statements of method which were obtained 419 times, say that eighty-six women were vaginal in auto-erotic habit and forty-seven were urethral, that is, chiefly meatus, very few dilating the entire urethra. Ten never touched themselves; with these orgasm came from daydreaming, crossing the thighs or in sleep. All the others used vulvar stimulation on the clitoris,

prepuce, fourchette, right or left labium minus or both labia minora, or upon certain combinations of them, or upon the whole vulva. Several were also able to make complete sexual cycle from stimulation of the breasts only.

The case histories account for specific means of mechanical stimulation; for the vulva: bare heel, stream of water from the bathroom faucet, slipper heel on foot, keys, roll of blanket, pillow, towel, rubbing with chemise, rubbing on rocking chair and floor or on mattress, pulling on head of bed, on seat of chair; for the vagina: douche tube, clothes pin, broom handle, banana, sausage, candle, bottle, vinegar cruet; for both: combinations of one finger, two fingers, three fingers, the whole hand; for the urethra: finger, hairpins, bodkin.

In the adult, the whole cycle of sexual experience may be summed up within auto-erotic limits. Orgasm is usual and patients call it "It" just as married women refer to orgasm in coitus.

There are rare accounts of orgasm from stimuli ostensibly external; the inner receptivity and associations are never known. Some patients reach a climax while traveling on the train, the trolley, a boat, or horseback riding; a few from the relaxation of a hot bath; one patient has four or five in an evening at the opera; another from paintings of a certain artist; another from the singing of a baritone voice; another from reading.

IMAGERY. In some experiences we deal with excitement able to begin, and run its course without the intervention of any other person, without what some of the books call "the pollution of touch" and "without bodily unchastity." Whether without the "filling and heating of the imagination with voluptuous images" or not, there is no way to tell. Freud says in his *Collected Papers*, Vol. III, p. 429, that "Emission cannot occur in an adult without some mental concomitant." In this marriage series the typical experience of the cases admits a day dreaming accompaniment. What the fancy is, the patient states rarely and with great effort. Only one woman dreamed of her brother and father, and no one admits dreaming of the same sex. One fantasy is of an imaginary man, borrowed from the Greeks and superimposed upon some



unknown hero. Fancy likes images of an unknown, whose face is never seen; a dream akin to all the myths of miraculous or magical conception. While the histories contain several stories of auto-erotism which is "purely physical, not mental," the general trend of the reports is decidedly against this possibility in the married; whereas in the unmarried there are many statements of "purely physical" feelings.

One patient explains her success in retrieving long delayed orgasm in the presence of aggravated erythism by following advice to daydream beforehand. The rarity with which orgasm is known to occur in sleep in women, as compared with men, is an evidence of relative difficulty in obtaining orgasm and of the depth and violence with which women repress sexual inclination. So far as we know, the habitual imagery is enormously repetitious. A small and limited heterosexual vision is repeated again and again.

It is apparent that we deal with a simulation of coitus. The cycle has periodicity, favorite time and place, proven accelerants, evidence of evolution. The reports are skewed by the fact that talk about auto-erotism is likely to be with those troubled by excessive desire.

**FREQUENCY.** Auto-erotic frequency goes beyond the maximum frequency of coitus. In intercourse the woman who has intercourse several times in a night, with pleasure and orgasm for the third or fourth time, is notable as above the average. In auto-erotic practice, three or four orgasms is not above the average. At the extreme are several reports of auto-erotism twenty-five times a day. All were from women desiring coitus and attempting to be satisfied with a substitute. The twenty-eight reports of the frequency of auto-erotism are as follows:

Four or five times daily.....	2
Two or three times daily.....	5
Daily.....	6
Every other day.....	2
Two or three a week.....	3
Once a week.....	3
Once a fortnight.....	2
Monthly.....	4
Every three months.....	1

Two women who have never menstruated have an auto-erotic cycle. Few cases locate spontaneously the auto-erotic desire before or after menstrual period, but upon inquiry many verify it as most intense then. Night is the usual time but morning is mentioned, and patients who carry auto-erotism to extremes do it at all times of the day.

LENGTH OF TIME. The length of time concerned is stated in minutes in fifteen cases:

Two or three.....	3
Ten.....	2
Fifteen to twenty.....	4
Sixty.....	2
One hundred and twenty.....	2
"A long time".....	1
"Nearly all night".....	1

There is no differentiation of age, nor in the few cases known, anything indicating that age lessens auto-erotism in proportion; a woman of sixty-one is one of the "four or five times a day" cases and a woman of seventy is included as of weekly habit.

No one has any real data as to the relative incidence of auto-erotism among women now and formerly. Younger people are more frank. Experience with older patients gives some ground for the hypothesis that it may be now more widely, but less intensively, prevalent.

For the full account of physical effect and accompaniment of auto-erotism, see Chapter IV. Through the case histories it has been studied especially in relation to cervicitis, endometritis, mastitis, ovaritis, dysmenorrhea, menorrhagia and eye strain. Also in fifty-six cases with reference to the anatomical clue to its incidence and intensity furnished by the increased excursion of the clitoris.

Cases of urethral auto-erotism are studied in connection with the possible bladder complications. Vaginal and vulvar methods are studied in origin, in comparison with coitus and from their bearing on orgasm.

MEANING. An elaborate game of denial, then affirmation and again denial, is sometimes played in telling the doctor about



auto-erotism, an evidence of how genuinely sexual is the breaking down of even this barrier.

The history of auto-erotism in any given case parallels that of other sexual expressions. The inexplicable childish beginning turns into an embarrassed youthful course. After that it fluctuates and proceeds either into a routine or a conflict between excessive desire and shame, recognized terminals of sexuality. They serve to say in another way that the auto-erotic formula may follow some definite cycle which was a pace-setter in the life.

The "*delectatio morosa*" of the theologians, the struggle on grounds of conscience, is cruel in members of the Roman Catholic Church who have been specifically instructed and who are responsible to the confessional upon this point. Infrequently, younger patients with some form of cervicitis or menstrual difficulty develop remorse, concentration and continued local symptoms after explanation and caution by the gynecologist.

The assurance that no physical harm resulted from infrequent, such as monthly, or bi-monthly, auto-erotic habit in short sessions, was early communicated to the patient.

The study now leaves its evidence and attempts to recount the attitude of mind in which these data have been considered.

Although the materials and methods of auto-erotic practice are listed here, it is with the opinion that they are not important. The logical importance of these stimuli is chiefly in relation to intercourse, when it is desirable to know how the track of sensation is established. The habit established as to delicacy or severity of touch, slowness or speed of motion has its bearing for subsequent rhythms. The extreme reluctance which must be overcome if the hand is used, has also a meaning. The possible changes in method from period to period are significant. The familiar objects of every day which assume phallic possibilities are interesting, but the assumption that the article used is of great importance is misleading.

Explanations of auto-erotism are complicated by naming instruments or means which introduce gross aesthetic shock. Asked to understand the curve of a physiological rhythm, which has the potentiality of exploding in crisis, the reader should

not at the same time be asked to accustom himself to the idea of putting food into close connection with the organs of excretion. Auto-erotism as a human phenomenon is pushed out of the way by nausea, and the issues confused. This is the mechanism of reaction to a report of broken glass in the vagina. Upon hearing that "the doctor took out half a dozen pieces of a broken vinegar cruet," the reader shrinks from the cutting of the glass. This is a piece of sexual violence which introduces the reaction caused by any sexual rape. With auto-erotism it has hardly anything to do, and in these extreme forms is, moreover, exceptionally rare.

In dealing with unmarried patients there was always some concern about the effect of auto-erotism upon coitus in marriage. It seemed significant in relation both to physical habit formation and to mental imagery. The early history of many marriages indicated that vaginal orgasm was hard to obtain after the habit of vulvar orgasm had been strongly set. Another rhythm or kind of contact did not easily overcome the first. Also the husband had to replace the day dreams and the beautiful unknown partner of phantasy. There was also the difficulty of the association of auto-erotism with shame. If passion were regarded as passive and sensual, while love was active and idealistic on a higher plane, somewhere in the future coitus would be the lower nature and love would be the higher. This split in function the woman would be unable to unite. For such reasons the doctor was much opposed to accompanying phantasy. He taught the patient that what could be gotten by auto-erotic means was merely physical, not really important beyond this, but he could not feel altogether sure even about this, because it disassociates the single from the subsequent dual relation.

It also seemed to the doctor that a person who united in herself alone both the active and passive components of sexual intercourse, might find a subsequent happy equilibrium with another hard to maintain. In whatever degree auto-erotism heightened sensitiveness and self-consciousness, without raising self-esteem, the patient was made to feel inferior. She must be over-assertive and arrogant to regain self-respect. The continued insistence on exercise, sports, amusement, study, absorbing interest or hobby,



vocational purpose, friends and direction toward an ordinary love life, which appear as prescriptions in the histories, was directed toward decentralizing the elements of self-centeredness, isolation, passivity and shame.

The tendency to put coitus with the husband upon a plane different from the pre-marital imagery shows again and again in the repulsion from childish memories. The wife becomes quickly chilly and disgusted because of "vulgarity" of speech or act in coitus. "He talks about getting me down" in three cases. Once "He threw me on the floor and wouldn't wait." "He uses a bad word." As this reveals in the man a revival of little-boy experience so it calls up in the woman the little-girl sexual shock and repulsions. Memories of the first phrases about sex, the first shock, the first sight, the first indulgence in the forbidden which had the first sexual meaning, come to the surface along with the flood of sexual impulse. The affirmation of a childish, or savage, sexuality is not part of woman's love dialect. On the contrary, it is one of the items of which she makes active complaint. It seems an important indication of difference in male and female sexual reactions, that in these records only two women show ability to speak in this idiom.

This reticence in woman's disposition has to do with a similar reckoning, viz.: that in these records only half as many women as men commit adultery. Although these figures are incomplete, and possibly inaccurate, they probably indicate with relative correctness, the male and female disposition of a wavering erotic life.

He transfers his attention to another woman. She may desire to fix herself on a new man, but the practical difficulties are too many. Where he takes a mistress, she takes to going, spending, drinking, eating, dieting, or some other form of oblivion or of neurosis. This brings us to other phases of love.

### *The Third Direction*

This is that direction of self-projection which logic claims is not there. The Third Direction attempts to introduce by its name and derivation an element which wants not to exist and which disappears before primitive vitality.

This is in accordance with that principle of logic which says everything must be either A or not A, i.e., there are only two directions. Love for the self and love for others may be diverted into all those widening channels of work and play which we call culture. Is there really a third direction? Does not everyone conquer the world for himself? Outside of the self, is it not all for the beloved?

SIGNIFICANCE. Life does not permit logic and the daily routine is that of compromise. The body has both a feeling for twoness and an inclination toward reducing everything to oneness. The history of effort is full of the struggle for A or B which had to take C. As a working theory therefore there is a third direction. This direction fluctuates and a great struggle for the ascendancy goes on between the other two. The three units are most clearly classified as three when felt as magically one. The everyday acceptance of mind, soul and body; and the Trinitarian concept of Father, Son and Holy Ghost show the working of this principle in other fields.

We have to presume that every way of life except the biological is for Nature the third direction. Civilization, culture, work, business, routine, philanthropy, art, philosophy, scholarship, religion and crime are third directions growing out of the sexual pattern.

The religious sublimation of sex is less apparent in orthodox worship than in the excess of indulgence or of prohibition of an earlier period. In the South it is still possible to see in Holy Rollers and country Negroes "getting happy," a mode of behavior which simulates orgasm. Contented absorption in church work and life, with its beauty in routine and high light of festival takes the third place with no obviousness.

The entire cycle of crime with its emphasis on the forbidden, fear, discovery, great excitement and great reaction is a possible substitute for other sexual expression, both in the criminals and in those liking to hear or read about it. Drink, drugs, tobacco, and stealing especially kleptomania, are third directions. The attitude of the collector and the shopping addict has something of the sexual version. A man is jilted by his fiancée; next week



he buys a big car. A woman has "nothing to do with my husband" sexually but has orgies of buying jewelry, rugs, hats and antiques, for him to pay for.

The routine of war and of work takes enormous toll of possible sexual energy. So does the home where washing, saving, cleaning, and putting in order may be replies of denial to the feelings of sin involved in sexual desire. Spasms of housecleaning may also be "nest building" and thus represent a later phase in the reproductive cycle. Sport and other spectacular entertainment, play, talk and gossip carry the auto-erotism of the performer over to the spectator, transfused with social feeling.

All these tendencies may be observed in flux after violent checks or after the bitter breaking off of homosexual or heterosexual experience. Terrible bursts of love-manifestation come as compensation. The blues singer explains this:

*"Oh—*

*When a woman gets the blues—*

*She lays right down and cries;*

*But—*

*When a man gets the blues*

*He hops a train and rides."*

Hasty marriages to new people follow broken engagements. The man goes to China and the girl to a convent; or excesses of gambling, overwork, asceticism, and desire to show the self in the ascendance take place. Another channel is the return to early life and easier conditions. The rejected lover returns home, becomes absorbed in taking the child's place with the parents and gradually turns the relationship around so that the parent becomes the child.

Violent sexual expression after years of asceticism is shown in a small way in dreams, reveries, delirium, anaesthesia and intoxication. This is the miniature of what we might do, if we wanted to let go, to raise ourself to the nth power. This peak shows in insanity, and in every day's stark sketches of murder and crime. The tissue of sex life is so elaborately interwoven that the clever publicist knows how to get allegiance or opposition

for a cause representing the third direction. He has only to stimulate in connection with it, associations buried with our most secret experiences of love for others.

Virginity in marriage, together with the life and behavior which this choice implies is a clear choice of the third direction. Also it is true that marriage which denies personality gets at many points on to the auto-erotic level. In maternity auto-erotism takes its most highly socialized form. It is also possible to find the third direction extraordinarily infused with spontaneous sexual emotion. By some power of transmitting stimuli, the imagination builds up exalted personal ideals and evokes a mimic of love's infusion. The trees stand out and children become jewels, not from love, but from some emanation from love. This is the genius of love's conversion.

**SUBSTITUTION.** When sexual intercourse in marriage sinks greatly below the ordinary ratio, continuing absence indicates a rising conflict. The next inference is that in the course of events the sexual impulse withdrawn from the partner goes elsewhere. The patient has the option of withdrawing into love of self or of taking the third direction. Of the fluctuations of this need there is ample evidence, but the nature of material which gets to a doctor may be expected to be of unsatisfactory substitutes. In the wife there were 382 instances of conditions or tendencies that might be interpreted as substitutes for coitus. Of these there were 128 in which a general nervous or mental condition without special direction for the impulse, might by the German terminology be called a *Flucht an Krankheit*, a flight into sickness, including the 12 cases of definite insanity, 54 psychoses and 62 nervous breakdowns. In the remaining 254 cases, the love impulse was directed; toward the self in 51, toward others in 118, and in the *Third Direction* in 85. Among 112 husbands there were parallel manifestations including 12 of flight into mental or nervous sickness.

The directed substitutes may be summarized as follows:

	<i>In wives</i>	<i>In husbands</i>
1. Love for the self.....	51	20
Expressed as:		
Fears.....	23	0
Non-sexual physical forms.....	9	16



	<i>In wives</i>	<i>In husbands</i>
Coffee.....	3	0
Drugs.....	3	4
Drink.....	2	10
Tobacco.....	0	2
Gourmandism.....	1	0
Physical auto-erotism.....	7	4
Day dreams.....	6	0
Girlish pose.....	5	0
Bookishness.....	1	0
2. Love for others.....	118	43
Expressed in terms of:		
a. Direct sexual significance:		
Attracted to others.....	29	6
Erotic dreams.....	18	0
Adultery.....	13	25
Another's image in coitus.....	7	3
Flirting.....	3	0
Simulated orgasm in tantrum.....	1	0
Orgasm during hair washing.....	1	0
b. Opposition to partner.....	46	9
Negative excitement in coitus.....	36	0
Resentment in engagement (about coitus).....	1	0
Anger at supporting him.....	2	0
Excessive jealousy.....	5	2
Attempts to kill, and violent rages.....	2	4
Taking her (earned) money.....	0	3
3. The Third Direction.....	85	25
The moral principle.....	28	4
Not weaned from family.....	12	8
Housekeeping or overwork.....	10	5
Worry.....	5	0
Art.....	5	0
Religion.....	4	6
Sublimated in children.....	3	0
Traveling.....	3	0
Athletics.....	3	0
Dancing.....	2	0
Acting.....	2	0
Confession to doctor.....	2	0
Confession to priest.....	2	0
Extravagant spending.....	1	0
Kleptomania.....	1	0
Hunting.....	1	0
Motoring.....	1	2

Expressing the possibility of loving as A, B and C; it must not be assumed that the engaging in A and C necessarily means the absence of B. Re-adjustments and re-combinations of A, B, and C are continuous in human experience and a sufficiently powerful native sexual endowment can invest in all three. A herculean devotion to work does not necessarily mean an impoverished sexual life. By an arrangement of the rhythms of life it is possible to balance weights with supreme delicacy.

But the native endowment and skill required to maintain this balance are rare. Without accepting supinely that substitute activities must mean premature, false or decadent attempts to find the creative satisfaction of love: or that the constructive activities mean anything except a good fund of energy which wants to have fun, each one gives a possible clue which should be examined as a part of its total. The general deduction appears valid that love for another is inversely as love for self and the Third Direction.

#### EROTIC STIMULI

The mechanics of courtesy from male to female is based on the symbolism of an erotic routine.

The history of the single woman has accounts of sensitiveness to erotic stimuli of all kinds. Those of married women, supposedly gotten by the same method, contain only eight similar narratives. Married women no longer mention sexual excitement from handshaking, being handed into a car, a cab, a seat at a table or in the theatre, being wrapped in a coat, being allowed precedence in going through a door, the etiquette of the dance, the conventions of homage—though judging from the histories of single women these incidents were very important at an earlier stage. One wife is excited "terribly" by love stories, pictures and men, another by spring and her own fancies, three by music and three more by almost any artistic stimulant, specifically a novel, dancing and the theatre.

Books which excite are not usually mentioned by title: "Three Weeks was the worst," "Balzac excites," the "Broken Snare" and "Adam Bede" were the most erotic; "I like risqué books, but



am revolted at Arabian Nights;" "The Decameron is not exciting;" "All passionate love stories disgust me;" "I just loathe all love stories—in them, I feel homeless and lost." But if books, music and compliments cease to be exciting to the married woman although they were so stimulating when she was single, she still has a level at which excitement appears.

The few instances are all of dreams of coitus. With two exceptions the sixteen dreams of which information is available are of sexual intercourse directly. One woman dreams of trains, aeroplanes and sitting on a hydrant; another one quarrels about other women with her husband. A patient with dyspareunia having no orgasm in coitus has for five years gotten complete sexual satisfaction in dreams, dreaming of her husband; four others with dyspareunia dream to the point of orgasm, but do not include the husband. A fifth, with dyspareunia, dreams nightly of intercourse "only sometimes of the husband"—with "different people—strong men—gorgeous houses." Another dreams "All night, of having intercourse with my father and brother"—Finally there are seven dreams of intercourse with the husband.

**PELVIC EXAMINATION.** Information about erotic sensitiveness was inevitably picked up from the attitude of the patient toward pelvic examination. Certain reactions are sufficiently common to be recognized as types.

The little girl crying, or the adolescent sulking resists an intrusion which goes counter to instruction and rouses a sense of shame. The well educated young woman with no sex conflict, no personal experience, and a mind intent on rationalization reacts to an examination of the pelvis about as she would to an examination of the ear. The woman who comes for pregnancy, the one whose menstruation is acutely painful, the patient who wants to confirm another doctor's diagnosis, or who fears cancer, or operation, has already made context to her problem. The doctor hardly exists for her—and this is in some degree true of any case which has no overt sexual problem. If the problem is outside of the erotic realm, then eroticism also is outside of the examination. But when this element appears, there are not two

but three participants in pelvic examination—the patient, the doctor and the problem.

The doctor had the habit of marking his records with a sign which meant "erotic at examination." This did not include the cases showing merely some wetness, but meant the more distinctive signs, as very free glairy secretion, with bulb swelling, with flushing, with occasional clitoris erection. There are forty-two cases of this erotic manifestation. In fifteen of them, the doctor notes that to stop it he hurt the patient at once; and this was his habit if suspicious. Three or four times he notes that he hurt her habitually; he suspected an unconscious desire and automatically withdrew from the person who said that she wanted a "good, thorough examination." Several times he declines to examine after the first time; several patients he referred to another doctor. With one he discussed the matter, asking whether she would not prefer a woman gynecologist; she said "A woman would be just the same."

To these forty-two cases of positive excitement, must be added twelve more of strong negative reaction, making fifty-four, or five per cent of the total showing emotional reaction upon examination. Just what eroticism means in its positive aspects, is more easily classified in the negative manifestations. In the negative reaction, the patient plays in miniature a reaction against intercourse. The vulva stands for emotional experience and the emotions appear automatically as the vulva is approached, but in a form of fear, or resentment and anger against the doctor.

**PERVERSIONS.** As the last phase of the third direction, we come to perversion, probably the ugliest word in the language of sex. Its origin, historical development, and usage are fastened to the most repellent possibilities of sexual life. In books on pathology "perversion" stretches far enough to take in all the dark places of sex in any individual experience. Perversion is popularly thought of as a turning aside from the normal course in a downward direction and a sexual perversion is defined as "any abnormality of the sexual instinct."

The Latin use of the word is not subdued to this context.



"*Quae est autem in hominibus tanta perversitas*"—Cicero habitually used the word in a political meaning; "ambition perverts some"—"they pervert every office" (Orations, 9, 31.)

The verb *pervorto* can be translated as "to turn around or about, to overthrow" in the sense in which the Latin says "every human and divine right is overthrown." While the word may be used to denote an evil fate, it has simpler meanings. Livy speaks of "*perversae rupes*" (broken rocks) and Ovid in "*perversas induit comas*" uses it to say "sets her false hair on awry." (Ars Amatoria, 3, 246.)

Cicero in "*perversissimis oculis*" has a connotation which translates as "dreadfully squint eyed." (De Deorum Natura, 1-28-79).

With a religious background—"generatio perversa," the adjective translates as "wicked."

The Anglican terminology about lost members speaks not of converts but "perverts" to Rome. The true meaning of perversion is far wider than the popular idea, both as to content and interpretation. The inclusion of moral, ethical or social standards or of any standards of conduct as to what is perverse clouds the issues and makes them indeterminate. We consider here only their sexual meaning.

Perversions in the sexual sense may be maintained as of either object or method or both. The first excludes as a perversion everything except a heterosexual object—i.e., homosexual attraction and sexual interest in children, adolescents, animals, and the self; the second excludes every method of coitus except one which terminates with phallic intromission, lasting through orgasm and ejaculation; and in the most extreme sense, ensuring the possibility of conception.

Practically our perversions of object are confined to auto-erotism. The histories contain detailed accounts of fifteen women who secured orgasm in coitus only by clitoris friction; and of eight more who were violently opposed both to this and to handling the husband's genitals. The full number of women who get orgasm by external stimulation only is unknown, since the question is not asked of everyone. As to perversion of object, there is told here one case of a married woman's sexual interest

in a boy in the late teens; three stories of great excitement from watching animals copulate, but none of a specific attraction to animals; eight cases of homosexual interest before marriage but none afterward.

In coitus, of methods which are ordinarily called perversions, ten couples report cunnilingus, fellatio, or soixante-neuf. Besides the men who withhold ejaculation in the vagina for contraceptive reasons, there are two who can not so discharge though they are not otherwise impotent. Among the married virgins in cases in which the wife's pregnancy would endanger her life, and in ordinary couples fearing conception, there are endless examples of the all-but-coitus school of love-making, so frequently discovered in engagement.

There are indications that satisfaction with fore-pleasure ends the sexual cycle in many wives. Inability to secure the orthodox climax may mean that sexual intensity is extensive rather than intensive; i.e., distributed all over in response to kissing and caressing, rather than concentrated in the primary sexual organs. If the patient takes this as a disappointment, it is as a physical not a mental one. In principle, it is hard to see how it differs from *coitus reservatus* in which neither partner has orgasm. This, however, is not a usual method of coitus; only two couples use it at intervals. While there are many stories of mental concomitants in auto-erotism there are in coitus only two, both mentioned casually. At the very peak of orgasm one woman says that she sees "shooting stars and blue sky;" another that she sees a "hill over the Danube." These incidents are told by women who do not invariably reach orgasm. Are they permitting an imaginative displacement to crowd out physical sensation, so that they are in train for what convention would call a perversion?

The line between women who end fore-pleasure in an exhibitionism of dress and admiration, but no coitus, and those who end it at succeeding stages, but finally in coitus without orgasm, is hard to draw. Within the definition, all are perversions.

But the husband's account of his dependence on his mother and sister, the wife's leaning back toward her home, the husband's



interest in other women, the wife's aliveness to other men, her frigidity, his impotence—are they not also perversions? In any biological interpretation of life, is not celibacy the greatest perversion of all? By the same reasoning is not an effortful continence in marriage also a perversion? Birth control by any device which permits the full sexual cycle is not a perversion (except in the usage of Roman Catholic celibacy); but this excludes coitus interruptus—should it exclude coitus reservatus? Are not many ways of getting excitement and many occupational and avocational interests perversion?

If it be true that a perversion is the result of an infantile neurosis and if the neuroses are the negative of the perversions, we can count all the neuroses as perversions. Then how many of these thousand cases observed for a long time can be considered as without a sexual perversion in some form?

Perversion of method, in this series, never provides those unforgettable illustrations which are to be found in every medical book which has its chapter on sadism and masochism. Every couple has its approach to these abnormalities when the wife likes “for him to make all the approaches” and when he is superlatively arrogant about making them; but of spectacular cruelty continuously directed into an off-channel, there is nothing.

In its result, abstinence appears as the most distressing perversion. It occurs subsequent to certain difficulties in coitus, usually associated with the wife's orgasm. Nearly every case seen over a long time and reported adequately on the human side, shows what the books call perversions. When this has become apparent to the patient it adds an element of conflict.

Perversion in these marriages means getting off on a false start or it means a wearing out of authentic channels. The data suggest that perversion contains a movable element. Love of self is a perversion at some age-periods and not at others, love of others may at times be a perversion from social conduct, the Third Direction is a social benefit though a biological perversion.

Culture has subordinated original nature so adequately that the modern world is repulsed by the idea of marriage at puberty. Young people may themselves prefer to remain children and delay marriage—yet is not this a perversion?

It is important to know whether the "perverse" impulse is temporary or permanent, whether it is running on a switch or on the main track. Sexual adventures like shifting values, no matter how much they crave permanence.

In proportion as the foregoing is true, it is important to take about perversions a seeking rather than a final attitude. In the best interpretation, perversion denotes a shifting of values. Something which has been beauty has lost its meaning by repetition until it has become a monotony which is ugliness. The instinct responds by trying to discover beauty anew. This is the germ of the meaning of reversal for which we go back to the word itself.

*Ver*to means *to turn, to change, to dig, to plough, to alter, to transform, to translate* and *per* is a prefix of great expressiveness. It contains the idea of time, of thoroughness, of completeness; "through" in modern slang, means "coming clean." Together with the idea of the transitory is the idea of a curve of evolution. Downness implies upness. The farthest downward point must also be regarded as the beginning of the upward cycle. This is what the poet says in "If Winter come, can Spring be far behind?" In sexual experience, prediction in terms of the seasons does not exist, for it may be that winter follows winter. After a period of perversion, either in large aims or in minor sexual technique, it is apparent that some couples approach the worse, others the better. The surety is that the detour is a period of change.



## CHAPTER XVII

### THE CONFLICT OF EDUCATION

THE INFLUENCE of education and religion must be taken into account in any attempt to fix native sexual endowment. In a selected group of one hundred and fourteen cases, the isolated and depressed Jewish woman dwells on herself; the Roman Catholic wife fears pregnancy, and reacts excessively either toward or away from sexual relationships; the wives of Protestant ministers and other workers in the field of religion also display moral reluctance toward the sensual. College women display the same withdrawal on aesthetic grounds. Thus cultural taboo accompanies here a more than average proportion of sexual aloofness and unhappiness.

THE REPRODUCTIVE FUNCTION is important not because of what it actually does or does not do within the organism, but because it is a determinant for conduct and thinking and for social control of the individual. It will not do to say that sexual life is determined by ovarian function when being brought up as a girl is so different from being brought up as a boy. Those female virtues of modesty, shyness and decorum represent a tradition of chastity poured into the blood and hardened with the bones. Therefore, when the wife appears less than the sexual equal of the husband, the quality under measurement is not merely biological and can not be isolated. It includes also those confusing elements of education, morals and habit.

Shock and fear have already been treated separately. The study here assembles for comparison the limited available data upon such external determinants as education and religion.

#### RELIGION

Members of the Roman Catholic church, certain members of the Protestant church and Jewish patients furnish eighty-one cases presumably of a higher than ordinary degree of susceptibility to religious teaching.

**JEWISH WOMEN.** These forty patients are not well off economically and they entirely exclude the *nouveau riche* type. The familiar aspect is a depressed and neurotic woman, a woman who always has something on her mind, especially her family. Thus fifteen, or more than two-fifths, are described as: "neurasthenic," four; "neurotic," three; "nervous," six; and two have melancholia and depression. This unusual proportion of nervous and mental trouble is possibly explained by another fact in their histories:

The records show that they tend toward low fertility—a fact of obvious importance in a race that centers interest on offspring. They do not average a pregnancy apiece and it was usual for the patient to come for sterility. In the thirty-six known cases, eighteen came for sterility; three for pregnancy; two for contraceptives; eleven for sexual maladjustment; and two for menstruation.

The exact material in thirty-one cases as to fertility is that fourteen remained sterile through the entire period of observation (five more were sterile for an interval); four were brides of not more than a year; four had abortions only; nine who were parous had thirty pregnancies, resulting in twenty-five births and five abortions. One woman needed no further treatment for sterility than instructions to experiment with coitus at other times than that provided by the Mosaic law.

The material about sex life for the most part deals with externals and is not intimate. Twenty-two say that they have sexual difficulties: ten have dyspareunia, five are frigid, seven are maladjusted. Of the others, six are adjusted in marriage without complaint and twelve give no data.

The specific information about coitus is that fifteen complain of it: six have "no pleasure" and nine have "no orgasm." Two others are "weary of it"—and "left upset." The husband has quick emission five times among the fifteen and about the rest there are no data. Fourteen women or over a third have signs or report auto-erotic practice—and this includes five who cannot get orgasm in coitus; it also includes two who always get it. Two who are not auto-erotic have no orgasm.



Without evidence of qualms about sex as an issue, the general impression is of a squeamishness and of a dulled vitality under a cloud. These patients are reluctant to come to grips with sexual life.

**ROMAN CATHOLIC WOMEN.** These twenty-three women represent two of the extremes of sexual feeling. They are the over-passionate or the over-cold.

They are more extreme in the social class represented. Of the less educated class, five husbands are day laborers married to domestics, one is a butcher, another a gambler. Of those who have advantages of education or position, there are two politicians, one judge, a doctor, a newspaper man married to a teacher, one president of a corporation, one man in business and one well-to-do without regular occupation.

Half of these wives are not in good health. One has neurasthenia, one takes veronal, and eleven are nervous. Three have had gonorrhea and another has had a salpingectomy for pus tubes; another has apparently not contracted syphilis although her husband has it. Cervicitis and pregnancy are the most usual first diagnoses.

In fertility, two give no data, seven are sterile, one is a bride; three have had only abortions. The remaining nine parous have had twenty-five pregnancies, resulting in twenty living children and three dead at birth.

Information about sex life is lacking in only one case. Three are adjusted to marriage happily, and the other nineteen have some trouble. These difficulties are twice of passion and seventeen times of the inability to be passionate. Two wives have dyspareunia, four are maladjusted sexually, eight are frigid and three reached the point of wanting separation from the husband; they are the three women who have gonorrhea.

Although only eight women are called frigid by the doctor three more have "no feeling." The typical entry is, "not responsive; she fears pregnancy." The husband sometimes figures as an implacable force. "He just keeps right on in his own way." Repulsions to nakedness, to handling of the vulva or the husband's genitals, to any posture in coitus except one, to the erotic

or to anything construed as sensuality, appears and reappears in these stories. "I am sick of it." . . . "I can hardly bear it." . . .

The question of contraceptives is met stoutly and squarely by refusal in every case except three. One of these defied the priest and used some method of contraception which was effective. Two others compromised or believed that they compromised by taking a douche, "for cleanliness," the day after coitus when it was of no use as a contraceptive. The others do nothing to prevent conception. These include the eleven cases of frigidity and in particular the three wives who are "learning to hate him." They can not both freely love and freely undertake pregnancy.

Of the five women who were passionate one, the mother of six children, had coitus night and morning willingly. Another had a fresh gonorrhea after leaving the husband and may possibly have been unfaithful in marriage. A third had homosexual experience in girlhood, and told particularly of adultery in marriage with one man, while admitting that she had lived with more than one. The other two continued auto-erotic practice in marriage since enough coitus to satisfy was impossible.

There are nine records of auto-erotism; six of them are in frigid or maladjusted women and the other three are in the passionate. For them auto-erotism was complicated by being a matter for confession. One patient with excesses went back and forth between the gynecologist and the priest, both trying to help her break the habit.

One of the wives who left her husband finally went into a convent. After brooding for six years on the unhappy results of sexuality and having the advice of several nuns, she finally felt it necessary to expiate by giving up everything of self and becoming as nothing before the will of God. There is in some of these stories a sense of a terrible depth which is not the cold of purity, but the cold of shame and sin.

PROTESTANT WOMEN. Most of the patients are Protestants by church affiliation, but among them we have no clue as to who is really Protestant by conviction. To make sure that religion means something, it is better to observe a selected group. The



only material available is the experience of women married to men with a religious vocation. These are the records of eighteen wives of Protestant religious workers. Four are the wives of laymen in missionary service, one of a Y. M. C. A. secretary and thirteen of ministers.

Five out of eighteen have less than good nervous balance. One has had epileptic attacks, another has phobias at menopause, one has hysteria, one has neurasthenia, one is nervous. The typical first diagnosis had to do with marital problems; nine came for matters of sexual relationship, or contraception; two for pregnancy and one for sterility; four for menses, one each for fibroid and prolapse.

Thirteen of these cases have sexual difficulties; eight are frigid, four are maladjusted and one has dyspareunia.

The facts about coitus are that it takes place—once a week in five cases, once a fortnight (one), once a month (one) and for procreation only, (one). In three cases the wife has orgasm, in a fourth sometimes, in another rarely, in a sixth she had it formerly but not now. Five more almost never have it; one has had three in three years, one three in six years, the other none, though long married—one twenty years.

But nine report occasional periods of very active coital expression, followed by repulsion. "There is nothing to it but the physical." . . . . She "felt awful shame after coitus." . . . . "He is an ascetic." . . . . "He thought sex was carnal." . . . . "I am afraid he will upset my uterus." . . . . "There is not much to it." . . . . "I dread it." . . . . "He must turn his back on me to help in giving me a douche." . . . . "He has never in our seventeen years of marriage seen me undressed."

Seven of these cases are recorded as of continuing auto-erotic practice; three of them are among the frigid and another is the wife who has no coitus except for procreation.

COMMENT. These three groups are brought together, not to compare with each other, but to observe the restraints of religion upon the sexual impulse in marriage. In all, the drift of the data is toward a sexual aloofness in marriage for moral reasons. Jewish women lack the sense of wrongdoing or worry about con-

traceptives which motivates Protestants and Catholics—but their extreme and characteristic aloofness and inability to fuse freely with another should be scrutinized as a mode of self defense rising out of a racial prejudice which may well be religious in origin.

The manifestations of fear are very much alike in Catholics and Protestants of this selected group except as Protestant wives feel more at liberty to take the negative side.

In an account of eighty-one people, fifty-four are suffering with some form of sexual maladjustment. It is intended to suggest, though not to assert, that these inhibitions which no doubt express the whole life code, run parallel to the patient's (or the husband's) interpretation of religious instruction.

#### EDUCATION

Economics and social class stand for a significant level of family achievement and religion for a strong motivation of conduct and faith. But in our day education is also a life determinant, and there is a chance that its effects may reach deeper down into the life than anything our parents or our church can do for us.

The actual stuff of the ego as modified by education can best be observed in those long subjected to the educational process. What then does education do to the sexual impulse? How does its effect compare with the effect of religion? How does it compare with the sexuality of the less-educated?

The histories of thirty-four college women have here been assembled for observation as to their distinctive quality. Those who evidently studied beyond the high school level number several hundred, but the records do not always state the exact extent. The thirty-four cases following are a cross section representative of the interaction of higher education and sexuality.

The first diagnosis was menstrual disturbances four times, pregnancy three and sterility twice. All the others had at the first visit to do with problems of the love life: eight came for premarital examination, four for dyspareunia, four for contra-



ceptives, three for frigidity, two for advice about love affairs and one each for neurasthenia, depression, hysteria and nervousness of pelvic origin. The health history is almost uniformly good. Thirty are well-balanced, one is below par and three others are seriously impaired nervously. This is the more important because they were seen for a relatively long time; the average for only three years, but six from fifteen to thirty years. When the period of observation ended, eleven were between twenty-five and thirty years old, ten were between thirty and forty, six between forty and fifty and three between fifty and sixty; four were of unknown age, but nearing middle life.

The data about fertility in all but one are that three are brides, four are sterile, five are in the first pregnancy, six have one child, seven have two, six have three, and one has five. This makes in all fifty-three pregnancies of which four ended in abortion and one in a dead child, forty-eight others in living children.

Of sexual adjustment in marriage, eleven made no complaint; of the others, eight were frigid, six had dyspareunia, three were maladjusted; two were separated, three intended to divorce and one had a divorce. This makes the ratio of maladjustment twenty-three out of thirty-four, or two out of three.

Precise facts about coitus cover only twelve cases. Of these two had intercourse once in three months, two once in five months, one monthly, one for procreation only, the others from one to three times a week. Length of intromission is not known often enough to be of value. The wife has orgasm in sixteen cases; in fifteen cases she has it rarely or never; for three there are no data.

Comparing the data of orgasm in coitus with that about auto-erotic practice is fruitless and gets nowhere since most were auto-erotic. Twenty-nine or all but five have positive record of the vulvar signs of friction and only one of twenty-one women with whom the matter has been discussed denies it. It remains an issue in marriage in only one case; the wife is forty-eight years old, with several children, but does not feel satisfied sexually.

These patients are most articulate and the histories are among the very longest.

Their sexual reluctance is the most impressive single detail. A basic item is that none were married before twenty-five. Nine waited from a fortnight to a year before intromission in coitus; the precise figures are—two weeks, two; three months, two; five months, three; seven months, one; twelve months, one. After consummation of the marriage, one of the couples who delayed intromission for five months came to separation; in another the wife lost interest in coitus and had no orgasm for a year; the case which delayed seven months came to divorce proceedings in a year.

The number of previous love interests—ten—include three broken engagements, three love affairs with married men, three incidents of premarital coitus, only one with the fiancé, and one case of rape, with a resulting illegitimate child. One couple was estranged for a year by the husband's impotence, another returned to celibacy in marriage in less than two years.

Accounts of those who say they are happily adjusted in marriage contribute such information as: "There was no climax for six months and I lost all feeling during pregnancy." . . . "I have to concentrate my imagination." . . . "We are both mid-Victorian." . . . "We were taught to sublimate." . . . "What does 'conceived in sin' mean?" . . . "As soon as he comes near me I am scared." . . . "His genitals are ugly." . . . She thinks the reason he does not rouse her is that he is "a dull comrade and not my intellectual equal." . . .

Of the six women with dyspareunia, only one shows sexual eagerness; the other five are characteristically cold, without pleasure or orgasm. This is also the case with the frigid woman—In the accounts of the maladjusted, three of the husbands are ascetic—and in another he has been unfaithful and she has fallen in love with someone else.

A history of shock and fear accompanies ten of the stories.

Three fear pregnancy. A woman of thirty-one, a teacher before marriage, has always had fear of sexual assault and is afraid if alone in her suburban house in the evening. A boy told another that children were "born from man and woman going together like cattle." . . . A third was "frightened at



menses." A fourth was shocked because her doctor told her she must never marry her fiancé but never said why. . . . A fifth was shocked, by having "intercourse" with a small boy at eight, and by news of illegitimacy at adolescence, together with conflict about her intercourse with a married man. . . . One claims to have been raped in the dark. . . . An ignorance which may have been purposeful, in its desire to avoid shock is sometimes mentioned: "I had had college courses in hygiene and biology, but thought menstruation was partly from the rectum." . . . After seven months, the young wife knows "nothing" of his erection, nor of the ordinary frequency of coitus or the length of intromission, his ejaculation of semen, the possibility of orgasm, or the routine of contraception.

On the other hand several knew quite well as unmarried women that their local inflammations were somehow connected with their unsatisfactory love affairs.

To summarize: the college woman among these groups has notably good health, and average fertility, but is on every count hesitant when it comes to love.

An ordinary group of thirty-four patients selected at random would have come first for reasons of physical health, but twenty-one of these came first for consultation about sexual questions. The fact that seven young women came for premarital examination indicates a predominant reasonableness in their love approach. That only a third are adjusted in marriage and that six have come to separation or divorce may be a co-incidence; but the sexual reluctance which winds through so many stories has distinct meaning. The doctor thinks that the post-war college girl has a different attitude to sex response, but has not yet watched this group for an adequate period, to be certain.

#### THE COURSE OF REBELLION

Nothing is proven by such small numbers as are here concerned, but it is significant that an assembling of those who live under a cultural taboo more arduous than the average, presents a higher degree of sexual maladjustment.

Of 1098 histories of sex life chosen because inclination or illness

forced the women to talk, 415 have sexual maladjustment at some period; while of 114 women of the Jewish, Roman Catholic, Protestant and higher educational tradition, 77 are sexually reluctant.

The hormone is not all. The precise hormone equivalent would not insure a comparable sex life in any two women, and there is no way of proving whether a superlative native endowment may not be completely buried by environment. When the patient appears to repeat her mother's sexual experience, it remains to be established whether she repeats the family hormones or the family instruction.

The history of sexual doubt invariably says that ideas of punishment, excretion and sexual feeling have at some time been mixed together; reveals childish shock about matters of sexuality and reproduction forced too roughly into the safety of seven or eight years old; recounts puberty as mingled with shame and adolescence as a period of restraint and conflict about auto-erotic impulses and dreams, when childbirth appears as pain and danger. As the girl becomes a young lady, the necessity of conforming to society appears as education, family discipline and recreation. Travel, sports and the arts emerge as justifiable outlets for enthusiasm and vitality.

By this time love is stylized. Inner restraints enter into love interests and external restraints surround associations with men. Preparation for a vocation, and the occupational motive is typical of these cases, eventually presents the fact that marriage means economic surrender, that personal egotism has to be surrendered to children and that a woman has really two jobs instead of one. Maturity may lack opportunity to meet men of similar tastes, knows that it is difficult to judge character, must be satisfied psychically as well as physically. If in a society which lacks the historic stabilities of religion, duty and pioneering, love appears as the greatest value in life, its right choice becomes the more imperative.

This subduing and moulding of the emotional impulse has happened so thoroughly in these cases, that we hear of five hundred cases questioning the advisability of marriage to one



eloping. Thus there is established a perpetual balancing of the weights of love and opposition to love.

When opposition is at its highest, love is at its lowest. There is no adjustment to life at any point and the patient has melancholia. Beginning with this, we list in an ascending order certain manifestations of sexual aloofness from life. The patient is adjusted first within her own personality, proceeding to her family then to other women:

- 1) only to the will to leave life (melancholia)
- 2) only to sickness
- 3) only to family
- 4) only to work
- 5) only to friends of the same sex
- 6) only to combinations of the preceding five

Or, she may be capable of some heterosexuality in varying degrees; and adjusted:

- 7) only to men friends
- 8) only to romantic (not sexual) relations with men
- 9) only to engagement, not to marriage
- 10) only to marriage, not to childbearing
- 11) only to marriage—not to coitus
- 12) only to coitus—not to orgasm

In these stages of sexual remoteness the woman able to get along, even half way, with the other sex is better off socially and economically than the woman able to live on the level of her own sex only, but spiritually she bears a celibate inertia.

Whenever woman accepts readily a limited tradition of sexuality, it must be remembered that she has already accepted many restrictive traditions. There is the concept of clothes according to fashion—with corsets, high-heeled shoes, expensive, changeable and inconvenient accessories. There is the narrow code of behavior, worship, social duties, avoidance of danger. There is physical and economic inferiority. Has not the acceptance of these traditions weakened the drive with which woman may approach sexuality? The greater freedom of man

is in itself a challenge to produce the superiority of difference. The burden of history hinders the physiological measurement of woman's native sexual endowment.

As to evolution, this statement is concerned chiefly with negative points in the sexuality of a given type. The data seem to suggest that negation is brought ready-made to marriage and that acquiescence is a second stage.

All the case histories following are concerned with the wives of Jews or Roman Catholics or men in the Protestant ministry or religious work. The statements identifying each case with its particular group have been removed.

*Case 418.* This patient is the typical neurasthenic, "formerly a choir singer and dilettante at violin," now the wife of a business man. She is gaining flesh; light at marriage, she is now very heavy. Her mother and sister are hysterical. She had chorea as a child, was neurasthenic at twenty and since.

She comes because of dyspareunia always, and lately, since using pessary, deep pain. A condom broke soon after marriage, the resulting pregnancy was interrupted at the sixth week. Coitus is once a week. She says, "Never any response—no awakening during engagement—never any pleasure at all in marriage." On examination clitoris is seen to be fully developed; long prepuce; big labia; introitus, three and a half fingers, insensitive. Patient is asked if husband can't excite or bring climax by rubbing there. "Oh yes, but no good on top of him."

I tell her she is "a creature of her emotions." She says, "dreadful spoiled, I know it."

*Case 190.* A young woman twenty-two, middle class, seen first when single, for dysmenorrhea, admits auto-erotic practice since fourteen.

She is stout and worrying; backache; prepuce large, long, wrinkled, adherent; clitoris large, smegma; long labia minora hanging out an inch beyond majora, rugose, pigmented, mottled; majora small, sparse hair; hymen distensible; Bartholin glands red; levator hypertrophy; breasts with secondary areolae. The time of maximum activity was during menstruation, at night, from her fourteenth to sixteenth year.

Between thirty and forty she returns married, pregnant after omitting bichloride douche, which is her habitual prevention.



Her husband is stout, with big belly; she has dyspareunia; pain because of his weight. He says she is too small and narrow. She has no sensation inside, but has good feeling if she is above, and reaches climax if he touches her externally. Signs of auto-erotism are still marked and she has vaginismus at examination.

At thirty-six she complains of no internal sensation at all in coitus, only when he presses with his hand. Later, second child, high forceps. At thirty-eight she is worried about auto-erotism, enquires if there is "something physical that prevents me from reacting properly to the ideals of perfection? . . . I want to suffer hard experiences if they lead to what is right."

At forty-one coitus is once or twice a week for five minutes, lysol douche. She raises her hips on a pillow and he is careful not to press on her. The hymen takes nearly four fingers with no vaginismus. "He wants it every night. I am never ready . . . not even after period, no interest in his being inside, sometimes disgusted . . . no fear of pregnancy." . . . She can still get climax by his outside pressing. He has been a man of the world and "he says he never saw such a cold proposition in his life."

At forty-two she says they are all right.

*Case 920.* This patient is the wife of a professional man, a fine type. They have been married six months and come for pregnancy.

She is nearly thirty years old; before marriage she was stout, light at marriage, now of proper weight. Menstruation has always been irregular at intervals of six or eight weeks, a little dysmenorrhea. She has cystitis at twenty-five, perhaps pyelitis. There are aggravated signs of old auto-erotism particularly on the prepuce.

There was pain when first married and no feeling; she used to dread his approach. Now there is no pain and the right feeling is beginning. Two months before delivery he must kneel upright between her knees—he is stout, big bellied—or stop coitus, it makes her nervous. There is swift delivery, six-pound girl, cord pressed on, torn through sphincter, good union, puerperal sepsis, pyelitis.

Four months after delivery she complains that she is not easily aroused. She was excited in early marriage but seldom reached climax, so the feeling wore off, "I have gotten so now I don't care ever." Coitus without vaseline causes severe pain. He does not know she is indifferent. "It is growing more and more distasteful," she does not fear pregnancy or hurt. He does not fondle her at all, "I feel terribly. I

know we are growing apart. . . . He goes right along. I'm afraid I will hate him if this goes on."

At thirty the second child is delivered, larger than first. Four months after the second delivery she reports, "Lack of feeling is getting on my nerves. . . . Something is the matter with me, my nerves are in terrible condition." Their habit of coitus now is twice a week; with her above it works better. She has no society or opera; is growing irritable and wakeful. During pregnancy coitus is once in seven to fourteen days; she is always frigid from the beginning.

At thirty-one she says sex relations are "very much better, nearly right." She is apprehensive of pregnancy; worrying and needs reassurance. She uses no preventions because of religion. Also: "I object to fussing with myself down there, I'm afraid it will hurt me."

At thirty-two she is pregnant for the third time.

*Case 847A.* This patient is fine, sturdy, genial and efficient; the husband is a big fat man, some drinking. She was first seen in pregnancy.

Marriage was early, the first baby came in a year, short labor, normal, no injury. The second baby was a year after the first, sudden labor, full time, no injury. She has lacerated cervix. There are three children and curettage twice following abortions close together.

There was trouble in the intromission the second night after marriage, no dyspareunia. She had strongly developed desire then, and often orgasm, but deep reach with her lying on the back hurt her so they stopped. At twenty-seven she explains they used a side posture for eighteen months, thinking this must be right. His emission is quick and for a long while he did not bring her to climax except after menses. Often he did not enter, but finished between her thighs and vulva. This was due to ignorance and lack of anyone to ask.

She was tormented with strong, unsatisfied desire until pregnancy made her apathetic. Since abortion, except after period, she can have no feeling but once a week and then it is rather a loathing. After it is explained to them about their "side" posture they do better and she has more feeling. The position with her above is not successful, he can't stay in. At twenty-eight she reports success on his part when below but she has no feeling whatever. No mammary or vulvar caress causes more than a flicker of feeling with her.

She explains that her habit of auto-erotism began in her tenth year and was at its climax from the beginning of menstruation until her fifteenth year when she conquered it until she was engaged. Their



engagement lasted three years. He was very demonstrative and she was tormented night and day before marriage. After marriage coitus hurt, then for long she was teased and excited and never finished. For some months past she has had no orgasm. Now most of the time she is not only apathetic but full of dread and distaste.

At forty-five the prepuce is stripped, and later large friction edema of the prepuce treated. The clitoris is little, button-like, one-third the normal size with hard white grains strongly adherent. After stripping, spaces under the prepuce are cleaned by her every day for four days. At the end of ten days there is a very distinct increase in size and a marked erectibility; the adhesions are not re-formed. At this time she remarks that she and her husband have never seen each other naked.

*Case 204.* This patient is a big, strong, active, talkative, emotional, simple-minded woman, vivacious with a bit of a child pose, forty-six years old, the wife of a professional man. He is handsome, kind and courteous. She comes because of prolapse caused by lacing tightly; the cervix protrudes.

She volunteers her story in her husband's presence. As a child at school she was ill from nervous overwork. She had a fine father, who never gave her mother cause for jealousy. Her mother hated caresses, even by her children, and would not let the father kiss his daughter. She thinks the mother was cold blooded, but she lavished money on the daughter and was jealous of the father's affection. She did her best to prevent the daughter marrying this man and caused her to jilt him once. The mother brought in other men and the girl was engaged to two men, but later became re-engaged to the first and married him . . . before thirty. The mother tried to frighten her, "He is an awfully animal man . . . he would hurt you terribly."

Patient said that during her engagements kissing would excite her and that when engaged to her future husband she was sometimes excited. She never sat on his lap. When they were first married "he said he would never touch me till I wanted him." After a month or so coitus interruptus ended in pregnancy, so from fear of pregnancy and ignorance, coitus became rare and intromission only a moment, once in a month or once in three or four months.

Now she thinks she "could be passionate but I fear pregnancy. He is very affectionate, he says I am." They sleep in the same bed. She snuggles to his back. "If I kissed him much he would be very passionate, so I have to be careful." They never undress at the same time, "He never has seen me undressed."

At examination she is not erotic; she is scared; there is no mucus. The vulva is utterly relaxed; there are evidences of old moderate lacerations and also marks of former auto-erotic practice; the introitus is 6 cm. An operation for prolapse is advised but they ask for pessary. A pessary is tried, but she took it out, "It felt so mysterious (exciting)."

The patient returns later because of aching and lump in breasts. Her breasts are large; she has a lipoma of the axilla. At examination exposure was free and somewhat needless. Coitus has been once in fear and trepidation of pregnancy. Condom and douches are ordered as preventions. "He must turn his back to me in giving me a douche."

*Case 546.* A young professional woman, well built, strong, comes for dysmenorrhea, possibly membranous, at about twenty-seven. She has anteflexion; small prepuce adherent; hymen two and a half fingers, much worn; clitoris fair size; evidence of the most extreme auto-erotism.

A little later she is engaged and discusses her sex experience. She was an undesired baby and after she came her parents had no intercourse, and this was the beginning of parental estrangement. . . . Her mother intimated that men were gross and that she was herself sexually unhappy. Her own ideas of sex matters are based on college zoology and biology courses; she did not know about menses beforehand, thinks her first curiosities were at sixteen, though at twelve a girl told her a baby was carried inside.

Both parents were excessively strict in training and guarding her; they warned incessantly against any boy touching her elbow or dancing close. Boys and men greatly attracted her but father kept them from calling, so college dances were her first real acquaintance. Her interest ceased the moment they tried to be too personal. . . . She says she had no localized sexual excitement until engaged. A touch of his shoulder in the moonlight sent a thrill "down there." She was wet with what she later knew was excitement at his touch. They did not often meet but the powerful barriers built up by training broke slowly, until on a vacation they had partial coitus, once in bed naked, ten times in three days, never real intromission. He was through suddenly, wetted the vulva sometimes; she never finished, was always frightened, took spray douches. The vagina which is wide and insensitive for the first inch, then narrow and short, agrees with this story of partial coitus, but she makes no admission of any kind of self relief.

They are married in the same year . . . and the first year was a difficult year. Soon they are expecting to live together on a fraternal basis.



At thirty-one though they have slept together, they have had no coitus for a year. Before that, when after a separation, hungry for each other, they had intercourse perhaps half a dozen times, he was always ashamed for "giving way" to it. He believed it was demeaning and degrading. Originally he had an erection whenever sleeping with her but gradually this died out, since he made no vulvar contact without entry, and no handling and they have now won to indifference. She says both are satisfied and they are settled to this.

At work, seeing each other once a week, she says they are contented, but looks very wistful. He says they were married with the clear understanding that his career came first. The introitus is two fingers, hymen sharp . . . finally they had intercourse regularly for three weeks and she became pregnant deliberately.

*Case 769.* At forty-seven the wife of a professional man, mother of three sons, comes for contraceptive information and menstrual disturbance.

She was formerly a business woman with very great energy and effectiveness. He, a student, idealistic, impractical, very hard working, formerly vigorous and still taking outdoor exercises. At marriage thought erotic feeling wicked, all sexual relations carnal and impure. Neither of them had any knowledge of birth control. A well known surgeon expounded things to them and suggested withdrawal.

At the first observation the vagina is four inches on the posterior wall and two and a half inches anteriorly; introitus two and a half fingers; good pelvic floor; prepuce moderately enlarged; clitoris half adherent, stripped; full evidence of former auto-erotism, now atrophying. She has severe dysmenorrhea, she thinks membranous, a few flushes, menorrhagia. One of the pregnancies was due to withdrawal, for the rest of the time this has been successful.

Coitus is one of their problems. She says that her husband is ready every night; she is ready twice a week. She never refuses but is not as strong as when young, while he has infinitely more interest and desire. She does not know whether she has ever had a climax; she has external response, strong excitement, no wetness, has to take a douche to get relief from torment. Feeling is strongest after period. He dislikes the condom, has always had emission within two minutes.

His version is, that at one time in their life her sexual demands were excessive, the maximum three times a night, which used him up. Their family physician ordered two beds for six months; said it was a mental

state with her and suggested an alienist. She had been saying she would kill her husband and herself. The alienist diverted her from homicidal and suicidal talk but she is still saying, "I hope I will not have another birthday. I wish I was dead." The day before this consultation she wanted coitus three times in twenty-four hours.

In three months she is still saying, "I can't stand this life much longer. I wish I knew where I might go." Her husband says she is gifted, undertakes too many things and has a reaction afterward. "Her ambitions are about ten per cent in excess of her resources of time and strength and money." . . . "She lets loose the vials of her wrath upon me and still worse upon the children."

At the end of the fourth month, coitus is still unsatisfactory. Intercourse has been once a week but he has frequent erection. "All our life he never could kiss me without an erection." Once a week is not enough, he needs the second intromission in the following night, but thinks it wrong. She says that with a pessary her husband can hold his erection for five minutes or more. She is accustomed to breast caress and vulvar caress but they are not carried on long enough. They have no pruderies now; in the past they were mainly his.

The husband is over-tired now; has had a congested prostate; and blood pressure of one hundred. He was treated for both, had diathermic electric treatment for the former. . . . He says, "It is sapping her powers to nurse the idea that she is being so much wronged by me. She has fits of rage which pass away without my understanding even how they came." She locks the door, lies down on the floor and makes a scene. She makes him account for every minute, is suspicious if he does not come straight home by the shortest way. When he goes away on business, she accuses him of having had another woman, but he thinks she does not mean it. "It is quite clear to me that we have failed on the technique of our sex relation. Perhaps the trouble will clear up when she has a genuine orgasm, which she would seem never to have had."

It was feasible for them to be separated a few months, during which both were very well. Upon reunion, she had menorrhagia again. She still had no orgasm. . . . The next winter she says that if coitus is too long continued she fears he will have a stroke of apoplexy and be found dead with it. . . . He says, "Where is her clitoris? Neither of us knows." She continues to threaten suicide. "She hates herself and often announces that she hates me. . . . Repeatedly she declares that she does not want to live any more, particularly that she does not want to live with me any more."



At forty-nine she is doing a little outside work—good work; she is effective, ingenious, resourceful. Menstruation during the winter came in five-week intervals, without excess but with fatigue. She has huge hanging breasts, the nipples jumping to erection at a touch, but is not erotic at pelvic examination. She thinks the pessary makes a good deal of difference with her husband, "with me also; it is pleasanter than the condom." She says she does not miss orgasm, "I never have climax, I do have pleasure." . . . .

She attempts to draw him into the over-complicated housekeeping arrangements. Her mind remains fixed on problems of intercourse. Going home from a friend's house, she says, "I wonder how they manage coitus after we're gone. I wish you would go with some other woman to see how to do it." . . . . Coitus is once in two or three weeks.

At fifty she says the pessary is very satisfactory. Her husband is now able to keep an erection for ten minutes, following a total of six hours' treatment from a psycho-analyst. She now blames another doctor sharply for his discouragement of her husband; a man who said that his quick emission could never improve.

## CHAPTER XVIII

### SEPARATION AND DIVORCE

ONE HUNDRED and sixty-five persons are concerned in the separation of these forty couples who appear quite like all the others in character, social status, health and fertility, and entirely similar to other mal-adjusted couples who manage to stay together in spite of their sexual deficiencies. Their significant difference is in the incidence of venereal disease and admitted infidelity. Children were no eventual restraint against either adultery or separation. While there is bitter complaint of marital unhappiness, the information is that most of those concerned wish to re-marry.

THIS IS A GROUP of forty cases of separation or divorce, involving one hundred and sixty-five persons. Eight hundred marriages excluding the control group, brides and widows, provide in every twentieth union one which came to the point of dissolution. In so small a number of cases there is no difference between separation and divorce and they may properly be treated as a unit. The interest of this study is chiefly in the cause of the parting.

#### HUSBANDS AND WIVES

There are concerned in these cases forty husbands, forty wives, sixty children, nine women with whom the husbands went away, one mistress of many years, the five wives of the husbands' second marriage (three of whom were selected while the first marriage was legally binding), the seven husbands of the wives' second marriage and three relatives known to have assumed the financial support of deserted wives. This is to say that 165 individuals were affected in varying degrees of intensity in the major realities of life. Individuals concerned in casual adultery are not counted here, even if the marriage was broken on their account.



Husbands and wives of subsequent marriages are counted because of the inevitable continuity of habit and idea. There is no store of experience for the second marriage except that of the first marriage. Of the wives who remarried, two divorced their second husbands; of the husbands who remarried one is separated from his second wife. Fourteen of the wives concerned in these cases were patients for more than fifteen years, nine from two to fifteen years and seventeen for one year or less. Eighteen were known during the marriage as well as after the divorce—and seven of these were also known as single women. One was known from her birth and cared for as adolescent, wife, mother and divorcée. While trying to adjust matters of the wife's health or sexual life, nine of the husbands were interviewed at length.

In racial stock, the group is pronouncedly Nordic American, and otherwise homogeneous to the extent of urban life, excellent occupational connections, long-established family. Eleven out of the eighty persons are of somewhat different tradition: two are Negroes, two Italians, two Norwegians, one each is of English, Spanish, Irish, German and Jewish birth. The Negroes and the Italians are couples; all the others are married to the native American type. With one exception all are adjusted to life financially in the sense that they are able to get along without economic pressure.

The economic status of these patients may be judged by what happened to the wives after separation. Eleven women were of wealthy families, financially independent in their own right. One was married to a second wealthy husband. These wives, two of whom had gone to college, had never had any occupation; their husbands were business men, lawyers, physicians, brokers.

Ten more women, one college bred, became self supporting after separation by returning to their own vocations and two lived precariously trying to learn how to do something. The husbands of the latter had been artist and business man respectively. The other ten included a teacher, who had been married to a physician; a housekeeper in an institution, whose husband had sold insurance; a nurse who had been married to a gambler believing his business was real estate; two actresses both married

to theatrical men; two masseuses, a domestic and two for whom there are no data.

One woman has remarried. Seven more, one a college graduate, are supported by someone else. In three cases support is by the divorced husband. In one instance a business man gave a house and income; in another case \$350 a month and in a third twenty-five dollars a week were the sums provided. None of these amounts rested on court decisions and it is not known how long they continued. In the remaining cases, a mother supports a woman who was the wife of a reporter, a sister the former wife of a business man, a brother another. One husband accuses his wife of going off with another man, so that no question of support is raised. About the remaining eight, there are no data, except as the husband's occupation is known six times: traveling salesman, physician, business, bank employee, leisure class, minister. In brief, these are well defined urban types, inclining toward the wealthy and professional classes.

The wives are good looking, well dressed, and with the exception of the pretty but shallow kind, make a good impression as to dignity of personality and character. Four are "only" children or practically only children. Without believing all that they say, it is necessary to judge them as reputable people, making only such misstatements as are inherent in the situation.

A study of general health shows that nine are somewhat seriously off the nervous balance necessary for good health, that eight are below par, that five are known to be of native good health, and that in the others there are no data indicating other than general good health.

Menstruation appeared at the age of thirteen; seven report no trouble with it and fourteen gave no data. The others had irregularity only (five), dysmenorrhea only (four), menorrhagia only (two), amenorrhea only (one), and seven other difficulties in combination, especially dysmenorrhea with menorrhagia. Anatomically, one patient had the defect of a small uterus, four had retroversion.

The cause of the first visit to the gynecologist was for problems of marriage and child-birth in ten cases, for menstrual disturbance



and growths in five, for gonorrhea in two, for general health or consultation four, and for inflammation in the remaining, nearly half of the cases.

In detailed studies of 200 cases of maladjustment without separation observed for comparison, problems of marriage and child-birth were the chief cause of first visits, and pelvic inflammations were less frequent; here they occurred twenty-one times in forty cases, there fifty times in two hundred cases.

In this group they are usually subsequent to infection with gonorrhea. The two hundred group had twelve cases of known gonorrhea, five of syphilis; this group of forty has fifteen cases of clinical gonorrhea, two of whom also have syphilis and another has syphilis only. All of these patients knew that they had these venereal diseases. The large group (200) had four husbands who drank, the small (forty) has eight who drank and one who took morphia.

Comparison of these data with the original classifications of health shows that of the nine who incline toward serious constitutional unbalance, seven had borne heavy burdens. One woman has melancholia; her husband drinks and has given her gonorrhea. Another is a nervous wreck; her husband takes morphia. A third is a sexual hypochondriac; she has the fear of infection with gonorrhea as an obsession; her mother took morphia. Of three who have neurasthenia, two have gonorrhea and another has a husband who drinks and a mother who had neurasthenia. One is probably unbalanced; her aunt and sister were; she has gonorrhea also. The other two are cases of nervous prostration and active tuberculosis respectively.

Of the eight women who are below par in nervous balance, two have both syphilis and gonorrhea; one has had hysteria and has an insane sister, another has a drinking husband and a son mentally defective; the others are simply nervous or delicate.

Of the twenty-three known or presumed to be of native good health, two have insane fathers, four have husbands who drink, one who has a drinking husband also drinks to excess herself, eight have gonorrhea, one has syphilis.

During the married life, or just after, fifteen cases have had

pelvic operations, six of which were hysterectomies for fibroids, two with oophorectomy and salpingectomy. These operations were usually delayed until the forties and at least one ovary remains.

The only conspicuous difference between this group and any or all others is the relatively high incidence of venereal disease.

#### FERTILITY IN COMPARISON WITH ADULTERY

Because fertility is a social test of marriage and a logical argument for its continuity, and because in the state where these patients lived adultery is the measurable technicality upon which legal permission to undo the marriage depends, these two factors are studied together.

The age at marriage was predominantly of the early twenties. The length of time the marriage lasted is known for thirty-six couples; three lasted from four to six months, nine from one to five years, eight from five to ten years, six from ten to fifteen years, and ten for more than fifteen years, the longest case twenty-seven years. It is not true that those who were married youngest got through quickest, as the following data, based on the age of the wife, show:

<i>Age at Marriage</i>	<i>Age at Separation</i>	<i>Interval</i>	<i>Age at Marriage</i>	<i>Age at Separation</i>	<i>Interval</i>
15	31	16	22	22	0
17	43	26	23	25	2
17	35	8	23	32	9
18	36	8	24	27	3
18	23	5	24	44	20
19	29	10	24	39	15
19	40	21	25	29	4
20	38	18	25	39	14
20	25	5	25	39	14
20	24	4	25	48	23
20	36	16	26	48	22
20	30	10	26	27	1
20	28	8	27	32	5
21	48	27	27	27	0
21	28	7	27	40	13
21	29	8	29	36	7
22	35	13	41	44	3
22	33	11			



There are four reports of a second marriage, twice followed by a second divorce or separation. A girl who married at twenty and secured a divorce at twenty-four remarried at twenty-six and separated in the same year. One whose marriage lasted from her twenty-first to twenty-eighth year remarried at forty. A third married from twenty-three to twenty-five took the second husband at twenty-nine. The fourth, married from twenty-seven to thirty-two, remarried at thirty-six and secured the second divorce at thirty-seven.

These forty women reported sixty-one children (one dead at birth) and thirty-eight abortions. This does not include the assertion by a patient that she had delayed periods brought on thirty-five times, always by the same doctor; although she supposed that all these were an interruption of pregnancy and some of them may have been so.

In the twenty-three known cases the age at the birth of the first baby was under twenty, three times; from twenty to twenty-five, eight times; and from twenty-five through twenty-nine, twelve times.

As a whole, the average is two and a half pregnancies per mother and one and a half living children, making an effective fertility considerably less than that of the thousand marriages. Taking the whole group of 1000 there were 37 abortions to 100 live births, while these women had 62 abortions to 100 births at term. Reproduction is not in relation to the length of the marriage. Sixteen couples married ten years or over had thirty-five of the children.

The data are that: twelve women married from one to twenty-two years had one child each; twelve children and sixteen abortions. Eight women married from eight to twenty-three years had two children; sixteen children and six abortions. Three women married from three to twenty-seven years had three children; nine children, six abortions. Two married ten and eleven years had four children; eight children and two abortions. One had five children in twenty-one years; five children. One had eleven children; eleven children and four abortions. Four married from four months to fifteen years had abortions only;

in sixteen years, ten abortions. One woman was not counted because married only four months. Eight women were sterile from six months to sixteen years.

Of the twelve mothers who had one child, six presumably had one child sterility from a subsequent gonorrhea and of the eight who had two children, one had two-child sterility. Of the eight who were permanently sterile, seven had gonorrhea and one was not married until her forty-first year.

Nothing notable is known about the use of contraceptives. Ten couples used them habitually, withdrawal, condom, suppositories, and douche in alternation. One woman did not know there were such things. She and several others had great fear of pregnancy, but there is no account of moral difficulty or of disagreement about birth control.

There are seventeen husbands who left their wives; and children were concerned in all but three of the couples. In all but two of the cases known, the mother has the custody of the children. In these two (the divorces were not on grounds of adultery) one father has two and the mother one of three children. The other parents divide responsibility, so that the mother has the children for the summer, the father the rest of the year.

In the twelve couples in which adultery was not an issue, with no accusations of unfaithfulness on either side, one husband had gonorrhea at marriage and another was impotent, so that the sexual history made trouble; each of the two had one child. The others had families of two children in three cases; four in one; and one in one; two were not counted; three were sterile. The twenty-four parents had thirteen children.

Adultery is reported in twenty-seven cases, three times committed by the wife and twenty-four times by the husband. In another, the wife was divorced on other grounds, but the husband believed she had committed adultery although (she maintained) she had not. Two wives separated from or divorced by the husband had two and three children. The woman who went away, leaving home and family, had had fifteen pregnancies and borne eleven living children.

The twenty-four husbands who were unfaithful in marriage had



thirty-two children. Without always knowing the legal grounds for divorce the actual reason as stated by the wife is that eleven husbands were attracted by other women, five kept mistresses, two admitted unfaithfulness.

Those who went off with another woman left one child in three cases and two in two cases, three in one case and four and five children each in other cases. None of these men merely went off with the woman; two fell in love, got the divorce and married again. Three men who kept mistresses had one child in marriage and two had two.

Of those admitting unfaithfulness, one is a young man, well-connected, hard at work, married to a beautiful girl of his own age, with one child; he says he cannot stay faithful. The other is the case of a middle-aged couple with one child. He says that he got gonorrhea on a business trip, was afraid to have any more sexual relations lest he infect his wife, finally took a mistress.

A pertinent question is whether these twenty-seven people actually committed adultery. Eight cases have no supporting data for the statement of the wife. For the other sixteen, there is what looks like some corroboration. The courts granted the decree for adultery in eight cases. In three, the accused person admitted to the doctor that the statement was true. In two, the husband was in love and begged the wife to set him free to marry the other woman, talked about honor and had no sexual relations. Also, the husband admitted the mistress in three cases out of five and twice a wife is known to have seen the mistress and talked about the matter. One wife called on her husband and the other woman, in their new home.

In these cases of separation and divorce no difference between adultery and fidelity, can be shown in fertility. These couples produced nearly as many children as the average, yet when they came to the point of parting, the children did not hold them. For every man that left a sterile union there are two who broke one that was fruitful. A man left two children, three children, four children and five children, sons as well as daughters. Just as money, social status, education, health and occupation made no difference, so fertility makes no difference in the roots from which the tree of discord sprung.

## SEXUAL FACTORS IN BROKEN MARRIAGE

Every broken marriage here has its record of sex frustration. The case histories at the end of the chapter show this in different ways, all proceeding to the same end. The most extreme cases have not been quoted. But the remaining thirty cases are very similar in sexual experience. Any couple about which there are sufficient details shows difficulty in sexual union. Inequalities in the rhythm of frequency are routine, as is inability to attain the full cycle of intercourse. Eighteen couples give information about coitus, given of course after the marriage had become unsatisfactory, and these are listed as follows:

1. There was no coitus for seven years; the wife was passionate but the husband was interested in another woman.

2. There was no coitus for fifteen years; the wife was passionate but the husband was over-worked and lost interest.

3 and 4. Coitus took place several times a night for two minutes especially when he was drunk; she was frigid.

5 and 6. Coitus was from once to three times a day; "there was too much," she was unresponsive.

7. Coitus was nightly; never a preliminary caress before entry.

8. Daily coitus but orgasm never occurred during a marriage lasting some years, two children.

9. Coitus once or twice a day, ten minutes.

10. She is unresponsive; there are never any caresses—never anything except brief entry with his emission.

11. Coitus is once in two weeks for five minutes, without preliminaries; she is cold.

12. Their interest waned; first, mating was once in two or three weeks for ten minutes; then once in three months for five minutes; then two minutes; then no coitus.

13 and 14. Intercourse is two or three times a week, two minutes; she is cold.

15. Intromission is from two to five minutes; he asks daily, she is willing once a month.

16. She remained virgin in marriage for nearly a year and a half and they always had more or less trouble; his rhythm of desire was for three or four meetings in two days, then an interval.



17. She wanted coitus once a week, he wanted it twice; intromission was five minutes.

18. She wanted coitus twice a week, he once a fortnight; never preliminary caresses.

Here are five desires on the part of the husband for coitus more than once a day, three for daily coitus, and three cases of no coitus. The eight persistent desires for union once a day or oftener must mean attempts to bridge extreme alienation.

There is some leaning toward coldness on the part of the wife, in eight cases among eighteen. She appears colder than the husband except in a few cases. Several men used the vision and method of Daumier with a mate who could understand only Greuze.

This fact has a bearing on the time when the wife told her story to the gynecologist. Was it only after the parting when she was trying to throw the man out of her life and memory, and when she would have been glad to feel that at least she never gave him much emotionally?

Twenty-one patients were cared for only after the separation; of these, six said they had been passionate, eight that they had been cold, seven gave no special data. One was only seen in a remarriage following a divorce; she said she was cold with her first husband but well adjusted with the second. Of the others, three were cared for during marriage, seven during and after marriage, and eight before, during and after the marriage. Every woman admits passion at some time of her life—but claims coldness after marital relations had become a habit. In four cases wives who grew cold to the husband admit coitus with someone else after the divorce (but not soon after.) Two more admit desire after divorce, their self-restraint was a matter of principle.

Did the women who said they were cold have fewer children than those who said they were passionate? No; they had the same proportion. Did passion incline a woman toward getting a complete divorce, instead of a mere separation? No; the proportions are the same. Were passion and frigidity distributed according to infection with a venereal disease? No; the proportion is the same. The only clue visible in so small a number of

cases is that sexual coldness seems more apparent in wives of wealth and extensive education. It may be that these patients were more articulate about their troubles. It is also certain that some of the husbands of wealthy patients brought them disease, worry about another woman, and sometimes worry about repeated intercourse with a man who had been drinking. The known residue simmers down to the inability to discover or to keep progressively, an expression of sexual desire acceptable to both.

This releases a part of each to the feeling and attitude of being single persons again. Fragmentary causes of such aloofness may be studied in the woman, some of the manifestation of it in the man.

#### SINGLE LIFE IN MARRIAGE

To be single though married, means being too single to permit the change in feelings, customs and outlook which marriage means.

The original cause of this singleness is a long story. When the man and woman come to marriage there is united, not the two adults of legal age who partake in the ceremony, but the sum total of their past. The ghost of the girl of ten frightened at her first impressions of sex wears the wedding veil along with the bride. The small boy afraid that he will not be able to show off adequately, and the young man's first experience with a prostitute lie with the two others in the marriage bed. Memories of an angry father and a broken mother, or of a clever mother cajoling money out of a silent father are a part of the worldly goods with which "I thee endow." Tennyson and Casanova; Rossetti and Rubens; Paul and Bacchus; Walt Whitman walking with the shade of Oliver Cromwell—, all history is in conflict to determine the inner life of these two and shape them to each other.

Under ideal conditions, marriage puts pre-marital experience into its relative position. The past seems relevant only in its happy aspects. But under unfavorable conditions, a tradition bad in the sense that it is not assimilable to marriage, logically grows worse after marriage. If it cannot interpenetrate with the partner it recoils to itself.



It then happens that the wounds administered by life before marriage, the shocks to innocence, the family troubles, the bewilderment of sex curiosity are not healed, but aggravated. The expected and anticipated final solution failed, the defrauded person withdraws into singleness more positively than ever before.

These effects leading to separateness are illustrated in the cases following:

*The Wife.* The woman provides a string of incidents which fit end to end; she has a shock, she becomes afraid, she has inhibitions in order to protect herself, she is possessed with emotional reluctance and mental conflicts. Eleven women tell incidents of girlhood and young womanhood which resulted unhappily for marriage.

One resented the mother's death in pregnancy. It seemed as if the father had killed her. Another had seen her father beat her mother. Neither of these women was able to unite with the husband. Another patient had an idea of morality which eventually hindered her in marriage. There was some kind of sexual stopping place at which she fell out of rapport with her husband. She is ashamed of the entire matter and now tries to give the impression she never has been married. A fourth woman delayed her marriage until forty, then gave up her entire life because of the whims of her husband's ward, a girl of thirteen; jealousy destroyed her marriage. A fifth woman married very impulsively without finding out anything about the man. As soon as he was proven untruthful he was so far outside of her life and character that she could not excuse him; she merely stayed single. A sixth patient, a Gentile, married a Jew without telling her family. The racial barrier began almost immediately and grew progressively worse. A college girl with an over-theoretical scientific point of view was unable to make a success of marriage with a man as theoretical as she. One wife never got over her trouble with an impotent first husband—she preserved her mental struggle with the second man by doing one way and deciding another, letting her real desire for marriage go by. Four women tell stories of entire unpreparedness for the sexual side of marriage. They could not surmount the attitude with which they

began. An extreme of this desire to stay single though married is the pre-marital pact, in which the fiancé promises a marriage of minds only, unless the woman comes to feel differently. Of that pact, these cases afford one illustration.

These stories include patients of ardent feeling together with those who say they are cold. But we have no record of what cold means, except "cold to the husband." Data about auto-erotism as a possible factor in the woman's coldness can not be pinned logically to those who are cold, but goes contrariwise. If the wife were passionate, but the coitus limited, there are more anatomical indications of auto-erotism.

No record of pronounced vulvar signs of friction is made in eighteen cases; in the other twenty-two, seven women evidently had practiced auto-erotism formerly and fifteen were doing so during the period of observation. Two of these were urethral in habit, one vaginal, and twelve vulvar. Seven cases might be called excessive; of these one woman said she was cold toward her husband; the others were not.

*The Husband.* The expression of woman's feeling of singleness in marriage is some form of withdrawal of herself; she declines to give. The man's expression of the same impulse is his aggressiveness to take. The beginning of this conventional interplay between the sexes, so charming in courtship, proves in marriage an ugly flower with strong roots.

The peculiarity of these sexual differences is that each bears fruit of itself, independent of cross-fertilization. One year, five years, ten years produces a couple who have carried this behavior along and let it harden into isolation. However united in habits and accessories, they are essentially single in their point of view about marriage.

The wife's story is that the largest contribution a husband makes to this end is the instinctive conception that married life is his life amplified. He is willing to act as if single in a situation belonging to both man and wife. Demonstration of this is that the husband permitted himself to leave his wife, sometimes without even knowing what would support her. Thus he nearly always let the wife have the responsibility of the children. And



falling in love again, two men gave up family responsibilities to take up new ones.

On a smaller scale, this is the narrative of sexual relationships. The husband usually wanted intercourse oftener than the wife and his practice was an intromission, without preliminary caresses, of not more than five minutes. This is a possible balance only if satisfactory to both. That it was usually not satisfactory to the wife is clear. Among the husbands two men were impotent and two had no sexual relationships with the wife for seven years and more. What, if anything, happened as compensation is

TABLE XXXIII

FACTORS OF SEXUAL MALADJUSTMENT AMONG THIRTY-NINE SEPARATED AND DIVORCED COUPLES

		Number of Couples Reporting Each Combination				
		Ten	Eight	Four	Two	One
Total Instances.....	101					
<i>Factors:</i>						
Psychic Shock.....	30	+	+	—+	+—+—	+—+—
Extra Marital Coitus.....	27					
His.....	25	+	+	+—	—+—	—+—
Hers.....	2	—	—	—	—	+—+—
Unsatisfactory Coitus.....	22	+	—	—+	+—+—	+—+—
Auto-erotism.....	22					
Hers.....	21	+	—	—	++++	+—+—
His.....	1	—	—	—	—	—+—

unknown. As far as record goes the sexual side of life was merely obliterated.

In forty cases of divorce, the safest assumption is that there are at least eighty people at fault.

There are other than sexual factors; but the sexual element is fundamental. Without the idea of allocating causes, the study assembles certain factors which may be supposed to have had to do with the sexual difficulty. Thus, all the minutiae of sexual experience tended toward unhappiness and dissolution. (Table XXXIII).

Nearly everyone concerned from whom there is information wants to remarry. Twelve women give no data. Six men, beside those who went off with other women, have remarried. Four women have remarried and one of these after a second divorce is engaged for the third time. Three are sorry they divorced unfaithful husbands. Eleven say that they are anxious to remarry. Three would like as physical experience to remarry, but are so deeply wounded by the husband's behavior, they are afraid to risk it again. Two admit coitus after divorce. Six women are bitterly set against men. They do not discuss marriage but distrust the sex and "intend" to stay single. Two of the former husbands were living as bachelors, with emphasis on the comforts of life, at the time the records end.

Six known cases of prejudice against marriage is not a large proportion in forty cases. Whatever the broken marriages meant, most of those concerned were still following the curve of continued sexual experience.

*Case 616.* A cultured and beautiful girl, fine character, demonstrative, twenty-three years old, comes for pre-marital advice. She has had a happy home life. The fiancé is a college graduate, in business.

She is well and strong; enuresis at eight; menstruation regularly since rather early start, some clots at sixteen, skipping a year before twenty and dysmenorrhea for one year; retroversion; uterus long not tender; hymen not one finger, very sensitive.

Five months after marriage she returns wanting to go over all the ground *de novo*. They have not yet had coitus. It has been, she thinks, a beautiful delay. They agreed to wait, slept in separate beds on the bridal night and during the wedding trip, never undressed in sight of each other. Only lately they have had nightgowns off, he has discovered her breasts, they have been wet with desire and had climax just lying alongside each other. She does not know that he finishes or that there is semen, "Would he know when it came?"

He comes in shy, a little heavy. He has been "too busy" to come before; he did not understand where to buy sheaths or how to use them. He has . . . had a specialist make tests before marriage. His first consideration now is for his progeny and his second the fear of impregnation before he can afford it. He bought some condoms on the way home and they had the first intercourse that night.



She became pregnant within two months from bending the Mensinga pessary out of shape, "to make it go in easier." . . . He has thought sexual intercourse must be animal and debasing. He is very demonstrative verbally, tells her every hour that he loves her. "It is a good thing they don't tax kisses," he says.

She has retroversion; vagina inelastic; introitus two and a half fingers. She has always had climax, thinks she can have two or three to his one, comes quickly because she is strongly excited over the idea, afterward has a feeling of oblivion. She now knows that she had climaxes before they had intercourse. They might want each other every night but are afraid to find out. Also they feared to play longer than a few minutes. He has quick emission, two or three minutes. They still do not see each other naked, do not go into bathroom together.

She has become very rebellious at any idea of pregnancy, because he says at the end of seven months marriage that they will try living together a year and a half longer and if unsuited, separate. He has now told her that he does not love her, that his admiration is for her face and charm and against his judgment. Originally he loved a friend of hers, who refused him. He had been brought up by his father and by an older sister, who is very dominant and effective. She urged the marriage on her brother, "The boy never loved her, I am responsible." The sister sides with him and the father sides with the wife. She has too big a house, could not keep it spotless as his sister would have done. She says, "I know there must have been times when the fullness of my own love blinded me to any lack in his. I have learned that it is not so much my heredity he fears as my inability to face facts, and so we look forward to the time when we shall have made something fine of our married life. . . . Some day I will tell you how I proposed to him. I never could bring myself to admit that until now, and so it has been wrong from the start. He thought he would grow to love me."

The first baby was born easily. "I think we could have regained our love without the baby, but it is the most heavenly addition." They have fundamentally opposed views about everything and he insists that she is immature.

Three weeks after the baby (a son named for his father) was born, he neglected her entirely. He demands perfection of housekeeping, like his sister's, and while she was in the hospital he threw some of her cherished personal possessions away. The baby was sick soon after the return home and he insisted on taking both wife and baby to his

father's saying that she didn't know how to take care of the child and he would hold her accountable for everything that went wrong if she did not go. He is demonstrative to his sister, and in his family home tells them everything; while in his own home, he was silent. "I know much more about what he thinks now that I hear him talk at his father's." He subleased their own home. His sister took full charge, the wife was not allowed to bathe or feed her own baby.

They have separate rooms, he hardly speaks to her, never lovingly. He wants a divorce. They consulted a psychiatrist who said he had a mediaeval point of view, and sister-mother-fixation. He thought the psychiatrist laid too much stress on sex life. As a boy in the country, to change his clothes, he pulled down the shades and lighted a candle. His sister thinks intercourse is only for reproduction. The psychiatrist told his wife to try coldness as he was of the type that values the difficult. . . . She had put almost all her money in his business but he wants his father to take it up as he would rather owe it to his father than to his wife. She is very nervous, feels inferior, complains that she forgets to be indifferent in her desire to win him back.

A year later his family withdrew by going away and the couple had been in their own apartment for five months. He occasionally says he loves her and is endearing but still thinks the first place in love and interest must be his first home. He is wrapped up in business, goes farther into debt for it. She has become boss of the first baby and he respects the wife for this. A second psychiatrist whom they consulted said this should continue. This doctor told him he was selfish and, so he reports, "said unspeakable things."

They sleep apart. His desire is for coitus twice a month. She wants it once or twice a week and is upset not getting it. She is very desirous; he is only willing. She is soon pregnant from the failure of a plain douche; withdrawal tired him. They forgot the jelly and could not find the pessary, somewhere between the thirteenth and twenty-third day, or what they thought was safe period. After the second baby she wants him two or three times a week or more, "I love him dearly." Their sexual play is from an hour to an hour and a half; he is very tender.

At thirty she returns for a pessary. She has been very thin since the first child. She says that her husband continues troublesome, "I am less infatuated than I was. . . . I am planning to earn my own living." She feels well, has an excellent maid, has been studying, stands securely on her own feet; the new interest of study has done her a lot of



good and panic has made her rouse again to her own personal appearance. He stayed indifferent until other people began paying her attention. She still admires him. His business is doing well.

They are separated; she has a good position and one child; his family has the other. After two years she says, "He has become unimportant to me."

*Case 158.* A bride of five months, twenty-two years old, comes for pregnancy. She is a shallow, selfish, pretty, society woman. This couple are both spoiled children, both rich.

The cervix is eroded, admitting a finger tip freely. There is a "raw spot up my vagina, I can feel it with my finger in front high up." She has had dysmenorrhea and leucorrhea for years. Then she has a hard labor, the child average weight, double episiotomy, stitches, strong levator, perfect union, almost virgin form of vulva afterward.

A few months after delivery much complaint of sexual torpor, and wide vaginal outlet, begins by him as well as by her. Nevertheless in Sims' posture it takes a strong pull on the speculum to get the pelvic floor back. She is advised to make the most of every time of her desire, particularly after the period. She is fearful of pregnancy. Three times at twenty-six and twenty-seven she comes to see if she is pregnant; she is not pregnant. Complaint from her husband continues.

At twenty-six she has varicose veins of broad ligaments; the prepuce is stripped of adhesions, and no vulvar hypertrophies. She is clean discouraged, complains of sexual anorexia from the first. Even when she had rare feeling it was in the early days, after prolonged waiting by the husband. She says her husband complains that she is completely relaxed. Perineal body is undamaged and her muscles are strong but completely relaxed, from lack of feeling. She has tried being above; he freely manipulates breasts; she doesn't mind exciting him when she is desirous; but it is of no use.

At twenty-nine the bladder is irritable and she is "swollen and sore outside." Nothing is wrong, either, except a too strong Listerine douche. At thirty-two he still insists she is too large and therefore can have no gratification; she asks for operation to narrow her opening in order to hold his affections, to keep him faithful. She has quarrelled with him much, thinks he "runs another outfit."

After forty she has divorced him, "no man in three years." The real trouble, she admits, was her fear of pregnancy. He tried condoms twice, they broke; it weakened him, he said, to use them. "I guess it

was because he had been so much with women who were pigs in their passion that nice women didn't appeal to him. He was so little at first I didn't suit him. Now he has grown bigger there."

The vulva is as narrow as ever; there are vulvar hypertrophies and very big cockscombs; firm breasts. She is the same old wild talker and childish. She is sorry she divorced him. "He is as good as I am. I'm an old maid, only loving myself."

*Case 134.* This couple are rather gay and foolish young country people; she pretty and garrulous, he a milkman. She comes for chronic gonorrheal salpingitis. She has an innocent looking vulva, not more than moderate enlargement of labia or meatus.

She says that at seven, playing school, if a child came "home" and said she had been naughty the "mother" spanked her. "This excited me the first. At school the girls talked a lot about these things." She was passionate from nine or ten; girls older than she practiced mutual auto-erotism at school in the toilet, and once she did it with a girl lying across her. "Boys hugged me," and by ten this greatly excited her.

From thirteen to sixteen there was much of it, never attempt at coitus, or exposure but "Books or dancing made me wet; the worst I ever read was 'Three Weeks.'" At fourteen she was acquainted with her future husband. The first time he took her home she kissed him "but not again for two years." Menstruation was at sixteen. Boys began to excite her, hugging and kissing and handling breasts, but never "up underneath or holding legs. Dogs would excite me; dancing with fellows would excite me."

They were engaged in the late teens. They used to "set each other crazy," especially when she sat on his lap. Attempts at coitus were made before marriage, all but entry, long excitement during engagement.

Marriage was before twenty. Their habit of coitus has been daily, sometimes twice a day, time of intromission "just a second," lubricant used; she had dyspareunia from the first. Five months after marriage she had the first acute attack of cystitis.

Later she says that from marriage to operation "he never missed a night except I was sick. If he works me up he won't give me time. I never finish." He can stay in fifteen to twenty minutes. "You would think," she says, "that when I get so worked up I could finish." If he rubs her outside she reaches a strong finish. He can be inside and have his fingers on her. "Now I am willing any time of day for him. I never was before. I couldn't."



He got gonorrhea while she was long away. Later he left her and she hears he has been with others; he has been away a year. She says, "I used to think I wasn't passionate, three or four times a day killed it out. Now I miss him terribly. I have that good feeling about me." She says it is "hard to be good, I go out with a great many men. Some men never say a thing. Some try." She is always excited in dancing; the tango is no more exciting than the old dances; sometimes she "finishes" while dancing.

She reverts to the fact that she never had orgasm when married. Intromission used to be two minutes, it was the first thing when he returned. "I was awfully excited" but there was deep hurt. He could wait ten to twenty minutes. She says fear of pregnancy kept her from finishing at first, though awfully excited and later coitus was too painful. Before her husband left her he came into a hotel drunk with another man, a "very fly man." The other man "left his wife with me till I was over hysterics about my husband. He came afterward to my bed in the dark, and put his arms around me, I was excited more than ever in my life, over nothing more than a hug. I chased him away. Driving with him, no hugging, I was soaking wet."

A year later she complains of much torment, daytimes, not every day but very often. Also she cannot sleep for nightmares, "business dreams and erotic dreams." "I dreamed a feller was with me, he was just going in, it was a better time than ever I had in my life." She complains of "the same old pain I told you. I said I had a pain outside, you said it was aching from passion. . . . I don't have to go out with a feller to get excited. If he was hugging me I would be soaking and I would finish in a way. But he's got to appeal to me." She says "I went to the Y. W. C. A. to get in good associations."

*Case 442.* At thirty-nine, independently well-to-do, she is a nervous wreck, comes for menorrhagia. Her husband, from whom she is separated, has a good position professionally, well spoken of, lives with his family.

She was strong as a young girl, but had dysmenorrhea till delivery. Marriage was after twenty; several children, born early after marriage.

As a girl she was devoted to art and music, wanted to go abroad and study, talk of sex revolted her. "I'd get up and go away." When the gynecologist blamed her mother for not preparing her for marriage, she said "I would not let anyone tell me anything. I knew I could find out when I was married. No, he never hurt me. I was horrified at him,

of his coming to me. I never imagined such a thing. I thought it was insult, like a married prostitution. He pleaded with me. He tried to urge me to look at it differently. I was sure I was right. No, I wouldn't talk with anyone. You say I was at fault in not trying to like him. When he talked that way I thought it was to get me to give him pleasure." He never was a home body, she never wanted to go out. "We loved each other dearly. He was devoted. It was only that way we didn't agree."

"After a while, he had a nervous breakdown. He took morphine, I nursed him through. He told me I was as cold as a frog. I loved him, I guess like a mother, he was a big boy to me. We separated after he was unfaithful. I could not prove it. I didn't get a divorce.

"After three years he stopped trying to reconcile me, to see the children; though he pays for them; that is seven years ago." So she lives on—advised to get a divorce,—but unwilling.

*Case 1021.* At thirty-one a patient comes for endometritis, lacerated cervix and neurasthenia. There are signs of auto-erotism and she had no tear in labor. There is a curettage, the removal of a right ovarian cyst and a parovarian cyst; a microcystic left ovary.

She was a delicate child, now weighs well under a hundred pounds, tuberculosis on both sides of the family. Menstruation began on time, dysmenorrhea at seventeen when she began to work. She was married in the early twenties, a year or so later the first child was born. Her doctor thought she was too small, and could not have it, and suggested an abortion but she went to term and delivered full sized baby quickly, three hours, no stitches; later, one miscarriage.

Now she is easily exhausted, always worried, unhappily married, works every day to help. After the operation family illness and difficulties wear her out. The husband is lazy; he was in business, now has gone in for the theatre, has a bad temper. His mother supports him and her own old father cannot live with the husband's mother.

Coitus is once or twice a week and she has dyspareunia, "seldom asked;" never much feeling; undersexed, she thinks; vulva belies this. Withdrawal is the only contraceptive measure. She has brooded about the miscarriage for which she feels punished. She lost respect for him seven years ago and has steeled herself to become absolutely cold, could never come back. In the same year the sphincter is stretched for anal fissure. The husband took money from her pocket while she was sick in the hospital. He threatens to kill her if she leaves him. A year later there is a little less dyspareunia, she is very tired.



At forty-six she returns for menorrhagia, still wakeful at night, highly strung and hysterical. She divorced the husband at forty—for trying to drown her on a boat trip. She had not “lived with him for seventeen years” though in the same house. (This date does not agree with earlier information.) She has worked all these years and still works all day and looks after an evening job as well. She has a hemorrhage, curettage, radium. At forty-nine she has much better health; remains well-nourished and continues splendidly well.

*Case 23.* A beautiful, attractive, clear-eyed woman is seen at thirty-eight for aggravated retroversion and prolapsed swollen right ovary. She is self supporting; her son wants education for a profession.

She was a strong girl, married young to an intelligent man, fairly considerate. She had dysmenorrhea as girl; and until after childbirth. Delivery was some years later with severe heart trouble during pregnancy; a year later interruption in early pregnancy was necessary because of the heart trouble.

He admitted he had masturbated much but prided himself on never having been with a woman. He never could develop an erection though he took much medicine for it and travelled to various springs. He wanted nearly nightly caresses and these, after some months, develop in her powerful passion. He was never vigorous enough to make entrance and was never able to help her to a climax.

The constant strength of erotic desire, roused but never reaching its relief, brought about an irritability of the nervous system and the usual train of nervous prostration symptoms. She never knew, for years, that their relation was not complete or normal. She groped on, growing worse. She now credits her breakdown to her husband's constant exciting of her without satisfaction. They finally parted.

She is now engaged, has had coitus with the fiancé but a delayed period gave her so serious a scare that she has ceased. She is now unwilling to marry the man for fear of his respecting her less for having yielded to him. “He did not pretend,” the yielding of love came “naturally.” He is no less respectful or desirous of marriage now. “I could marry no other man. I do not feel I could love again.” She is strongly tormented, erotic feeling is on waking or by day, severe annoyance mornings. Annoyance and desire are worse when she is overworked.

Later, she is overworking and is anemic. There is no torment now or very little; no pelvic trouble of any account. The man who caused the situation is married.

*Case 509.* Before thirty, this patient comes after a year's marriage for diagnosis as to pregnancy.

She is a college woman and cultured but frail and delicate, nervous temperament, intense. She was a premature baby, menses appeared early, regular, some tendency to amenorrhea; antelexion and short vagina, endometritis, slight dyspareunia, outside, which soon disappeared.

She came to marriage without ever having discussed sex questions with anyone, without knowing how conception occurs, or what sexual intercourse is. The husband was incredulous that anyone could be so ignorant, but very considerate. He made no attempt at coitus for ten days, but did not know she ought to be excited first, and as she was not, it gave pain and repulsion. She first thought it demeaning, and that she must not like it.

In three months, spontaneous abortion, a curettage. The first baby, forceps, the year following. With the second, kidney disorder, the child resuscitated with difficulty. In another year, therapeutic abortion, cystocele, repair, bilateral trachelorrhaphy, very much exhausted. "I am sorry I came out of the ether." Another year, she is dreadfully nervous. "I think I'm going crazy," straight neurasthenia.

She complains of lack of response in coitus. After a two week's separation she is glad of him, at other times she "hates it." The condom stops her, in fact any preparation does. They have used suppositories, warm water douche and withdrawal. They never get satisfactory rhythm. When she responded once a week he wanted coitus every other night, and when he was suited with two intervals a week, she could get desire and orgasm only once a month; lengths of intromission were at first five then two minutes. At thirty-five, metritis and ovaritis.

After five more years, he wants her to get a divorce, says he loathes her, does not wish to see her; says "She makes home hell." He spent one night with her and insisted on intercourse though he had said he was leaving her. He supports her, monthly allowance; he took one child, she the other. In three years he is more insistent about divorce, she appeals for his return and affection. He said he had no love for her from the first year—loved no one else, but wanted to make a home for himself. It is impossible to make him see that she has broken under a strain of pregnancy and operations, too great for her nervous system. He says, "She has had only the common lot of woman."

She next had amputation of the cervix, vaginal fixation, for retroversion, perineorrhaphy, sterilization by sealing the tubes. . . . He



may re-marry, in that event she is to have the child. She had some sexual desire after the operation but it grew less and less frequent. Four years later, her health is improved, but she is still subject to exhaustion. She is divorced.

*Case 52.* A refined, cultivated, faded woman returns at the late forties for menorrhagia from fibroids; she had been examined years ago. She is in comfortable circumstances; looks unhappy; is hesitating; has fair health; aunt and sister are not mentally sound. Her only child was born before thirty; no miscarriages and no contraceptives.

She has had no sexual relations with her husband for nearly ten years. They were very passionate, she could have orgasm from just breast caresses. After a three months absence on her part he seemed no longer to care. Gradually he stopped caressing her. She thinks he loved her only as a passion; she is bitterly tormented with desire.

Another year the husband calls; says he got gonorrhea during her absence years before and is not free from it even now. She has not enough to occupy her mind, has few friends, can get along with no one. As to their sexual life after his gonorrhea, gradually, as he could not caress her without exciting her greatly, she had been so long without him, he desisted, tried to seem not to care, their relations were so strained. He says nothing he can do suits her, in home, auto or business. She is always critical because he has not made a lot of money. Several times they have been near separation. Incompatibility dates back long before the infection.

The following year a second curettage for menorrhagia, much fungoid material, laboratory report negative. Menopause begins with flushes; cervical cysts; tiny meatus, small vulva which gapes to three fingers loose. She is confused, has difficulty in finding words. She is to separate from husband, he providing house and income. He admits that he has had a mistress for many years.

After the separation, she complains of excessive menstruation. He provides house and income, son is away at school. "I insist I am a sick woman, I shall either die or go crazy unless I have my uterus out." (The doctor tells her she is hipped about her uterus.) "If the osteopath could only bring it on more freely and let some poison out I would be happy." For insomnia, she takes treatment from a Christian Science practitioner: "I have slept all night when I have had treatment, the other nights, not at all. Last night I did not close my eyes." "I feel my uterus waving all the time. . . . I am a perfect channel for

truth, right away it takes hold of the uterus and I discharge clot after clot." . . .

She finally had a vaginal hysterectomy for fibroids.

*Case 980.* She is a power machine operator in a factory, the wife of a man in the skilled trades, thirty-one years old. She was referred by another doctor for the sealing of her tubes by intra-uterine cautery.

She has tuberculosis, weighs eighty-nine pounds dressed in winter clothes; is to go to a sanitarium for tuberculosis. She has already spent a total of six years in hospitals. She has had fifteen deliveries and one abortion, most of the children are living. At thirty her husband abandoned her for a couple of months. She had a hydrosalpinx following cautery closure of the internal end of the tubes. Later she declares she had a miscarriage, "a formed child, big enough to hold in the palm of my hand was in the bowl." The final test for successful sealing had not been completed and she had been warned that she must not omit precautions until so instructed. She went away to a sanitarium.

Four months later the husband comes in to say "She has left me with all the children. They are in the Home. For sixteen years she was a wonderful woman, but my partner had a very bad character with women. He kept a woman and I think she went with him, and his woman helped her to do it. I want to ask you where I can find her. Once when she left me to go to the sanitarium she took a month to get there. She said she hated it there, it was so dead. She likes a gay life."

The social service department of the hospital was unable to trace her. She had refused the hospital any history of herself and family.

*Case 33.* She was first seen as a handsome and buxom young professional woman. She has a highly intellectual outlook on life. Menses have been regular since puberty, no dysmenorrhea; vulvar evidence of marked auto-erotism at puberty and later, which was admitted; verifiable virginity.

She married fairly young a prominent lawyer much older, studious and exact, who was very much in love with her. The first child came soon, the next in a year, the third in two years, the fourth and fifth subsequently. At twenty-five she says she felt cold in the marital relation from the beginning—never gratification. "Because," she says, "all my life I have gone the other way; I had been deeply interested in reading about sex and in teaching about it; but I have held myself rigidly in check and never was excited by anyone." She says that at



six to eight years old, living in a small town, boys a little older had "intercourse" with girls of cultured families, did "it" mainly while playing in barns. The idea was repellent to her, she refused even to play hide and seek. . . . But she complains bitterly that there have been no preliminary caresses at all, he is cold and unsympathetic. (Are her statements to be trusted?)

At twenty-eight she says: "right response now. I was indifferent before, I didn't try." . . . At thirty-two, "No improvements in relation." After thirty, one evening when he was out, she left, taking all the children with her. Her mother says "She takes no one's counsel." He permitted the divorce, and the custody of the children was divided; she returned to self-support.

At thirty-six, she comes for a pregnancy, by a much younger man, with whom she had become involved under circumstances of exceptional emotional strain. She reports that she pitied him, but did not love him; and that he said she excited him terribly. She talked freely of killing herself, unless aborted. She found someone to do it for her.

She always was demonstrative, given to caressing men; with sensual behavior and intensely maternal feeling; combining these qualities with hatred of coitus. She would drive a man wild, yet aver she had no desire for intercourse.

At forty-three, conditions of living and work remain the same. Someone is proposing marriage to her; she would like to marry and have another baby.

PART FIVE  
INTERPRETATION

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## CHAPTER XIX

### PASSION AND FRIGIDITY

*THE EXTREMES illuminate the whole. The development of marriage implies progress and certainly involves change in total marital relationships. A general change is reflected also as a change in the interpretation of coitus, and this in turn means changes in both content and method. Among these differences, the extremes meet. Intoxicated coldness reveals itself as a form of passion. Apparent capacity for passion on the other hand, may turn out to be passionate chastity, entirely preoccupied with the self. Reversal from passion to frigidity and vice versa for both brief and extended intervals illustrates the essential unity of sexual expression and its progression around a circle, rather than in a straight line.*

PASSION AND FRIGIDITY are the extremes which sharply present the issue of sexuality. Out of their fabric every lesser pattern is woven and in miniature they are the whole story.

Intermediate stages lie between the extremes of desire as a scale runs by half tones from treble to bass. Numbering the most passionate women at one end and the most frigid at the other and continuing the allocation of "passionate" to one side and "frigid" to the other, a thousand women divide into groups of varying warmth and coldness, the middle a neutral zone where extremes meet. Then if these were objective data the middle C on this register, that is, the case halfway between the limits, the five hundredth case, would be equally removed from both passion and frigidity and share equal parts of both. The facts deny this as too logical. The quantitative exactness which it implies is outside of the situation. To these extremes and their thousand units on a scale must be added the element of change.

Among the stuff of emotional life poetry turns to prose, realism to romanticism. The ear, dreading a monotone, anticipates the succession in musical notes, hearing the harmony of other com-

binations of the scale. Sexual feeling also needs to sound in new chords. The bride and groom are not the parents, nor the parents the grandparents. The varying temperature of sexual expression finds parallels in other forms of creative work, a game, a race, a play, a song—every art form built around the idea of climax varies from climax to anticlimax. But the principle of transition from one extreme of sexual feeling to the other shows most clearly in the transitions of coitus.

#### HISTORY OF COITUS

The history of coitus in a given couple follows outlines familiar in the history of art. First, there is the primitive expression of the blood,—next the slow evolution of a given style, then the over-elaboration of style which is baroque, finally the breaking into chaos and beginning of a new period. "Everything that originates must end and be created again" and we know the end is from within. This cycle is repeated again and again in the adjustments to coitus used by every couple.

A man and wife act in coitus a part out of Maurice Hewlett's "Forest Lovers." Another couple play the characters of Kathrina and Petruchio in "Taming of the Shrew." Two pretend to be savages on a tropical island. Another couple carry on a line of grotesque humor quite out of line with their every day character. Two more play at sexual mating as two historical characters. But these folk ways are interludes, not a continuous story.

One of the important psychological changes in method is the accounts of couples who have gone from a period of silent, active physical intercourse to the practice of coitus reservatus and much talking. The precise emotional release of words and what it means as variant for acts is material which greatly needs amplification.

Elaborate changes of method, such as cunnilingus and fellatio, are frequently the reflection of subtle inner changes, that is, a technique which accompanies new life experience. The period when a man is paternal and the woman is the child alternates with the one in which the woman is maternal and the man the



child. The Galahad period may be observed in all stages and in both sexes. Opposition and flight are variations in method.

At one time he seemed to her "romantic" and the methods were so and so. At another, she had grown more dependent and they developed a new feeling, which had also its peculiar ways of coital expression; later on, she was more active and they discarded all the previous methods and worked out something new. "He used," she says, "to be very different; then he thought my being timid was one of the nicest things about it all; now he hates it more than anything else."

One of the original handicaps seems rooted in nature. The distribution of life energy between the sexes is that he excels in action and she in repose. A man whose general reactions to life are otherwise than quick is somewhat disqualified for worldly success, and a woman who lacks repose, lacks charm and is disqualified for social approval as unfeminine. Yet he can not be quick and she slow in the sexual relationship. Balance here is a varying point, the motive for endless change.

The destruction of periods of sexual expression before they come to full development, diverts the sexual cycle into solitude and opposition. In states of opposition, excitement exists but it is against the partner, not with him. When the wife is withdrawn or fighting, she converts one emotional state into another. Erotic excitement withdrawn from the husband goes to frigidity, dyspareunia, maladjustment, separation, and elsewhere. A man's reaction to sexual opposition can be simpler because society does less to hinder his sexual expression. Repulsion and quarrelling about coitus must logically be viewed as attempts to get back to the creative basis.

The evidence is that changes in point of view, method and result characterize any long sexual union between two persons. But the gardener does not expect ever-blooming roses and the tradition of the novel ends either on the passionate or the frigid phase. These traditions are borrowed from life. Since all art changes can the art of love making alone be constant? Sexual yearning cannot go on as the same yearning after its goal has been reached. At the moment of arrival it becomes dissatisfied and the

modification begins with new methods toward a new goal. The bride's slow transfer from romantic fantasy, to the actuality of family life has various stages even if it is fully satisfactory. In other fields we expect the artist's early, middle and late periods, and change in the erotic structure should be anticipated.

#### MERCURIAL CHANGE

A need for changes as imperious as need for love, makes it apparent that passion and frigidity may live in the same body. Indeed, the form of change simplest to understand is complete reversal from one state to the other, i.e., the frigid who become passionate and the passionate who become frigid. The typical order of change is from frigidity to passion. Summaries of the shifting attitude follow in twenty cases.

At thirty-four, the wife is "disgusted with coitus" and the husband unappeased. At forty-eight he loses interest and keeps telling her "Get someone else." She has changed so much that she wishes her principles permitted her to do this.

She carried into marriage a history of girlhood shock about coitus so that she had no orgasm until after the birth of the first child. After this she reached the point of extreme passion having six or seven orgasms but still unwilling to look at his genitals. Then two years of psychic revulsion followed with very little sexual expression. Finally, there was a return of passion which continued after hysterectomy.

After six years without passion, claiming entire frigidity she has passion to the point of several orgasms in coitus with the husband followed by dreams of coitus with other men.

She did not love her husband at marriage and hated the sex act for several years; at thirty-five she "adores" him, wants coitus oftener than once a week which is all his urologist permits; at forty-five he is impotent and she has been living with another man "daytimes of intellect, nights of abandon;" later she loves a third man, intends to elope with him, although he says he is impotent. The frigidity and passion experienced for the husband carry over into other situations. She declines a divorce to marry the man who gave her "nights of abandon" but she plays with the thought of perpetuating her ungratified desire for coitus by leaving the impotent husband



for a third man—who also cannot have coitus. This would retain all the elements of the familiar sexual struggle.

She had a period of limited response and disgust. Now she takes the initiative sexually, in spite of pelvic peritonitis, fear of pregnancy, drink and trouble with his personality.

Puritan training vacillating between desire and dyspareunia carries on with interludes through two marriages. "I love him dearly most of the time but I hate him half a day after coitus." This was modified by local re-education of sensory parts with an electric vibrator and by return after spending some time away from the husband.

Fear of pregnancy kept her cold; contraceptives improved response until she grew actively passionate.

After fifteen years of marriage she has "a growing disinclination and almost disgust" for coitus which she has carried on "under great effort," at intervals of from one to six months; then suddenly after a separation she had three days of "marked and continuous" sexual desire and gratification.

No passion till long after marriage; she begins with night dreams of coitus after separation.

At sixty-one she has normal climax and desire. The foundations for this were laid with great pains between thirty and forty. The first fifteen years of marriage were dull with ennui and she fell in love with a more interesting man at thirty-nine.

After a girlhood of excitement protected by fear, she has painful extra-marital coitus, but satisfactory marriage relationships.

A woman who vomited in coitus and was without pleasure until after the fourth child became finally interested in her husband and also took a lover at forty.

Early frigidity under difficult health conditions finally changed to pleasure; calls herself "excessively passionate."

As a bride, she "almost hated him" in every sexual manifestation; later she suffered when his indifference deprived her of coitus.

She has lived down neurasthenia, his gonorrhea and impotence and a year's indifference—coming finally to the point of satisfaction.

After sixteen years without climax with nervousness afterward, desire becomes so strong that she wants coitus oftener.

Originally, she had no response, "hated it;" now "the great trouble is to keep apart, nights especially, though its hard enough by day."

"His coming to me makes me sick. It keeps me delicate. I never liked men much anyway." Fourteen years later she feels different with him; has pleasure and climax sometimes.

"I never felt any passion till long after marriage." Now after four years she dreams every night of having intercourse. "Strong men, fine house"—always to the point of climax.

Less frequently, records evolve in the other direction, that is from passion to frigidity:

In the first year of marriage, she had "spasms of pleasure so strong I faint." After four years, "I am not excited any more since I cannot have a child. It is like any other pleasure." Eight years later, "When your heart resents injustice you feel just cold."

She passes from terrible excitement in engagement and as bride to indifference and dyspareunia at fifty.

Engagement excitement in a Roman Catholic is chilled by illegitimate pregnancies; drink, and auto-erotism become her substitutes for passion in marriage.

Their early habit of coitus was twice a week but he has come to the point of coitus for procreation only and she finds it agreeable.

Her revulsion against passion fits with his fears of impotence. She felt desire at first but he did not want her to grow any more passionate and gradually it waned. "All that is nothing now to me."

She enjoyed coitus when first married; now twenty-six years later she declines him, will have nothing to do with sex.

After marriage, "he would work himself tired out but couldn't come while I was coming three or four times." Later she was indifferent and they had no coitus for a year.

In engagement she says, "If I were a man I'd go wild." After eleven years of marriage: "He can't excite me, says I am ice, he would like to every day."

She has strong feeling at times but when not responsive hates his approach.

The last case brings these widely different and far-separated zones of feeling near together in time. Practically this says passionate today, frigid tomorrow. The simplest form of alternation is here reduced to its simplest terms.

If these patients had been observed only during a frigidity period, they would have been called frigid. If only a passionate period had been known, they would have been called passionate. Perhaps they incline toward one category with only an interlude in



the other, perhaps they represent only very moderate expression of each possibility, but essentially, they were of neither extreme except as they were both. They were passing through certain cycles of development.

The foregoing mark certain phases of marriage according to the wife's narrative. Adultery is objective evidence of the possibility of frigidity in the partner and there are twenty-five examples of reputed adultery in husbands and thirteen in wives, together with a few divorced people who fell in love with someone else before the separation. This inclines toward coldness in the marital scale, yet these very people according to typical evidence, were once extravagant in first love. A thin veil divides passion from revulsion—and it sometimes happens that couples showing the most powerful sexual aberrations are those who have had the most romantic past. One of the couples living separately (in different parts of the same house) eloped to get married.

Coitus is also evidence of the barometer, passion to frigidity. Of passion gone so far away that no orgasm is possible, there are 115 cases. Four wives faint instead of having orgasm, eighty-three have a disagreeable reaction; nineteen say that pleasure stops at intromission. This frequently marks the disappearance of a quality once on the threshold. All these women are likely to have known the extremes of feeling, six women admit that they get orgasm in coitus with the husband only by thinking of another man, and in one couple each has admitted to the other that this is the case.

The chapter on frigidity showed that all but eleven of ninety-four cases reporting had had sometime sexual excitement with the husband and eight of the eleven reporting negatively had had other forms of erotic excitement. The evidence of the frigid was that even in the same mating there is room for both passion and frigidity. The tradition of each union is that the wife proceed from coldness to passion. The husband presupposes that woman should be wooed, and man desires frigidity except when he himself is passionate. If, however, he is unable to warm the wife who is cold, shame at being alien may turn him from desire to coldness.

The clue to the near proximity to each other of these two phases

of desire is given when the wife appears intoxicated with her own coldness, defending, fighting, and aggressive. It is a form of passion.

The wall of separation between two levels of violence may wear so thin that it falls, showing one vast emotional area. This happens in the woman whose rare orgasms come only after a fearful quarrel; to the wife who has many quarrels but no coitus; to a girl fascinated by a man who repels her; in certain phenomena of the domestic relations and divorce courts; in certain minglings of cruelty and desire, traditionally classified as perversions. Excessive modesty invites attention; hatred changes to love as well as love to hatred; worship turns to destruction; "each man kills the thing he loves." In another chapter of this book, passion and frigidity are referred to as "excitement positive" and "excitement negative." This is to say that the extremes of frigidity are the other side of passion. "If I don't burn for him, I will have just as much satisfaction burning against him." The woman biting, in a desired sexual embrace, acts very like the one who kicks and scratches in an undesirable one. When we say that passion is at the other end of the scale from frigidity, we are still dealing with the fact that the quicksilver which records temperature is always quicksilver.

A nymphomaniac is popularly supposed to be a woman of intangible but excessive sexual endowment. But there are also grounds for the supposition that she may be merely a frigid woman with courage. Convinced by going part of the way that there is an end, she is in search of the end.

Conversely, frigidity is the trouble of a woman checked again and again in the rising of passion. Since every rising means a checking, she faces repeatedly the humiliation of loneliness. The contour of this fact is the same as the contour of all secrets we dare not name and it assimilates perfectly with the unknown factors which first checked passion. Thus desire fades away as shadow, and the forces which destroyed it become the substance.

But there is the clear possibility that only a difference in moral force divides these two. In the extreme forms of feeling, their



likeness emerges. Reduced to lower terms, the similarity is less evident but both are susceptible to the same means of alleviation.

Sexual responses limited to "Let me rest awhile," "I feel sick," "Let me sleep," "Wait till morning," "I am too tired from my work," "I am exhausted from the housekeeping," "I am too worried over the children," "I don't feel able," may mean only a deficit in vitality or the direction of limited vitality. But when inability to fuse with another strikes back, observe the vitality of the negation. "I want to want this but you cheated me."

When the patient vomits, prefers the sacramental, wants something higher and finer, loathes anything animal, remembers how mother suffered, cannot forget the odor of jasmine, could kill him—this is passionate frigidity, cold which burns. Under such circumstances, sexual extremes appear as fragments of a whole.

The mathematical scale of sexual values is not a straight line but a circle. On its curve frigidity lies next to passion. Their manifestations of likeness are greater than their points of difference.

*Case 43.* An only daughter, now the wife of a professional man, comes for dysmenorrhea and amenorrhea after a year and a half of marriage. She has had one abortion, no children; appendectomy and right ovary removed at twenty-three; in six months the left ovary removed and suspension of the uterus done; now menopause is threatening.

She is depressed, hysterical, cries, is easily exhausted, hypochondriacal. As a girl she did not have to do any work, has no interest except reading, a mild one in art; does not work at that, is lonely. She goes out a great deal to shops and friends, is out five nights a week till midnight, wakes at five-thirty. He is sensible, hard-working for long hours, thinks she magnifies her feelings. The husband says there was no "glamor" about courtship and marriage, perhaps she desired to escape from distressing home conditions. She wants a child but at twenty-seven, is told that she must give up treatment and adopt a baby.

Her sexual rhythm has changed from intercourse twice a week to once or twice a month and is now painful. She has had some desire but no climax, does not see why married people can not "cut it out." He effected full entrance the first night; it did not hurt much; but did

hurt her feelings, shocked and revolted her; she never told him but it made all life different. She had "different ideas of marriage, supposed it something high, exalted, beautiful. . . . I've lost my self-respect . . . have contempt for human nature because of this." His story is that he did not penetrate for a week, but she was set against the marital relation by her mother's attitude to dangerous pregnancies.

In a year, she volunteers that she originates feeling, has desire, but his entrance kills it. He is overworking, has infrequent and weak erection. Later, after periods have been started again with a stem, she says "My husband is greatly delighted—he has only to touch me and I get excited more and more until the spasm comes. It isn't with intercourse, but when he touches me. I could have it every night. My whole mental attitude is changed. The other meant dreadful unhappiness for two people."

*Case 731.* This patient was a professional woman before marriage. She was first seen for a very hard delivery at thirty, two years later for pelvic peritonitis. At forty-five she is over weight, depressed, nervous, irritable, cries some. She has polyp of the cervix and laceration of cervix and perineum.

All these years she has had desire only after her period, coitus has been once or twice a week habitually, fear of pregnancy has been so extreme it moderated sexual feeling. "It disgusted me so I usually felt like vomiting." Now, suddenly, she has grown so passionate as to be "absolutely reckless." She must be above, lie with all her weight on him, move vigorously for three minutes. He is very affectionate, wants it half an hour. But he has an aldermanic stomach; and has estranged her by drinking.

At forty-six, amenorrhoea from shock; at forty-seven, aortic systolic murmur; dyspnoea.

Sometimes he is even beastly drunk, abusive, obscene; she would leave him except she thinks he would will his business away from her and their daughter. Sometimes he is tender, loving, sometimes foul-mouthed. By denying him coitus she can punish him for drinking, but she has such fierce passion she forgets everything two or three times a week when he "starts anything." Intromission is now ten minutes with climax. Afterward she despises herself for letting a man she does not respect approach her.

Later in life beginning old age, she has operative gall bladder. He comes home drunk nearly every night, obscene. When she refuses



him coitus, he says "Well, I have somebody that doesn't." No other man rouses her, at present she thinks of little but her wrongs.

*Case 18.* This is a very beautiful woman, well educated, a fine character, very intense, continually anxious. He is a business man, kindly, calm, rigid and upright. She comes at twenty-eight for cervicitis; three children, one therapeutic abortion.

At thirty-four, she says she loathes sex life. She was "brought up to think women must yield to men's desire, as my mother was." During pregnancy, he insists on intercourse throughout to the last day. She has only repulsions. He wakes her at midnight when she hates to be waked. When she is tired he teases her about being cold, handles her breasts and fondles her. This she dislikes, and she hides when dressing, for fear of his kisses. In coitus his actions and words seem to her coarse and disgusting "like dogs in the street." All she has is an occasional feeling of satisfaction after it is over. Disappointed in other ways, she has her happiness in her children.

Some years later after another baby came, she reached climax every night, then it slowly faded out, "It's because I don't love my husband."

At thirty-seven, she says, at mid-pregnancy, she could have climax every night. A few years following, amputation of cervix, anterior colporrhaphy, perineorrhaphy, removal of hemorrhoid. There was lack of response after this operation, once acute dyspareunia—later, he is ill and has neither desire nor erection. She volunteers that she is tormented. Once, the only time he had an erection for months, in the middle of the night he came to her and "It was like a rape, I couldn't." Occasionally she goes to his bed, but it is no use; he is much ashamed.

At thirty-nine bladder irritability; forty-two, chronic mastitis; during menopause, two abortions—suppositories and douches had heretofore prevented. Coitus from twice a week to once a fortnight. Weight is 143 pounds dressed.

At forty-eight, "As we have no common ground mentally or spiritually, it is hard to lose the only common interest, the physical. . . . Before intercourse, my vulva is so full on each side it seems to reach out as if to grasp." Their habit was ten minutes preliminary play, then two minutes intromission at the end of which she had orgasm. "I would feel my womb try to suck in the semen." With his penis between labia she has had from three to six climaxes at fifteen minute intervals. "I am in such a state that a man approaching me on the street is enough to start me wishing and that makes me burn with shame. Then he shames me, says I think too much of that kind of thing, says, 'Go get

someone else; get —; his wife had everything taken out and he needs someone.' ”

At fifty-one she has neuritis with frequent pain. Coitus has been only once in two years, then he had a half hour erection and she had six orgasms. She is often in distress. He could relieve her at once, by touching her, but refuses to do so. She fights it off, avoids auto-erotic practice as much as possible, is very sad and lonely.

*Case 20.* The patient is first seen for delivery of her fourth child at thirty. She is cultured, the daughter of a clever man, and a vivacious and intense mother. She is married to a somewhat plodding business man, many years older than she but well and serene. She is high spirited, very emotional, devoted to her children, wishing she could have a new baby every year.

At thirty-seven she has been watched for cervicitis and retroversion, fairly held up by a pessary, ovaritis and tender ligaments. The labia are only moderately rugose and enlarged. Admits auto-erotism when young. She is worn out from taking care of the children. She says that after marriage they had intercourse six times a night every night for at least four weeks. He was not tired but exhilarated and gained flesh. “He grew younger after he was married.” She had no rest until three weeks had passed; and she soon vomited every time or nearly every time. She had no pleasure in coitus up till the time the last child was born. He has often had six separate acts of coitus in an hour. Nearing forty, she says that the average of their coitus over a period of ten years has been three times a day; that her characteristic reaction has been always irritation after and mostly disgust with him but sometimes satisfaction.

Before menopause an operation for suspension of the uterus and repair of the perineum; in the fourth week the new perineum was injured in coitus. She is well, uterus only one half the former size, vagina is voluminous. She has a lover, a quiet, attractive family friend. (Husband eighteen years her senior.)

At forty-eight, metritis following a possible incomplete miscarriage. Later somewhat melancholy; amenorrhea and vaginitis. At fifty infected meatus and menopause. Her lover has been in poor health and she has discontinued intercourse with him. For six or eight years she has had powerful feeling and orgasm, and though her conscience has given her bitter reproof she has been intensely happy. The husband, now impotent, could not have failed to know and has fostered the intimacy.



*Case 78.* A delicate young woman of twenty-eight is first seen in consultation for very severe lacerations following delivery. A few years ago she had the first child and sepsis. She has a problem of frigidity.

The story is that menstruation was established late; she never knew pleasurable sensation in the genitals until marriage. She is not conscious of sexual shock. She had been a great reader, but had no question as to what the contact meant emotionally, assuming it to be for reproduction only.

Rather young when she was married they were both Puritanical and he knew nothing sexually. There was no preparation except that an aunt suggested that she should take vaseline. She had no shock at feeling the erection, no fear of pain impending, but thought it would be ideal to have a honeymoon without the physical side. The first attempt, on the second night, hurt so that they desisted for three weeks. It continued to hurt and the husband did not know enough to excite her. Gradually it hurt less and her excitement slowly began but he was "done before she had hardly started," in five minutes or less.

Now, he desires coitus once a week and is strongly passionate but considerate, can wait within ten or fifteen minutes. Sometimes before menstruation she has a strong orgasm but it is less often than once a month. No desire is felt even when left unsatisfied. There is no great variety in method though she has much stronger feeling above. Contraceptives are douche and condom.

She is bored, she says, no disgust or loathing but utter indifference. After four or five years, they got on each other's nerves. He is a type of American business man, able, intolerant, despises psychology and art, very jealous of any man friend and even of her sister. She has broadened from intellectual friends as he has not. They have separate beds and he would not ask until she expresses a willingness. He is demonstrative and she is not. At thirty there are marked signs of auto-erotic practice. The prepuce is four mm. wide and high when adhesions are freed. At thirty-one the urethral glands became enlarged but not inflamed; thick outrolled meatus lining; she has a miscarriage from nephritis.

Later, after double salpingitis, she has urged him to go with other women saying, "He must be passionate, and I am sick so often." She wants the prepuce stripped again because a marked change in sensation had followed the first stripping; so this was done; and later a repair of the cervix and perineum. At thirty-seven normal sex feeling, but the pelvic exudate returned and she was in misery.

Three years following she had nervous prostration and pelvic peritonitis. At this time she talked again about her sex experience. From thirty-five to forty they developed mutual success by taking a great deal of pains about it. He learned preliminaries, and to wait for her. At the gynecologist's suggestion she had developed her sex feeling deliberately, under his direction, by reading novels of passion and works on psychology and sex. She began with Hichens' "The Garden of Allah" and ended with Havelock Ellis' "Studies in the Psychology of Sex." Then she fancied herself in love with her husband, imagining such things as first embraces in the woods on the marriage night, borrowed from Maurice Hewlett's "Forest Lovers," or that, dressed in gauze, asleep, she waked to find him bending over her. Planning this situation with her husband would bring strong excitement; and her orgasm in coitus grew much stronger. She does not play with his genitals or he with hers.

She says, "A woman must have affection to have passion; but if my head doesn't approve, I couldn't." Last summer she saw a distinguished man of her own age daily for ten days. They never had any discussion of love or sex and no physical contacts, not even sitting close. He never knew that she was "shaken with passion." . . . "would have gone with this Pied Piper anywhere." Following this experience there was a period of passion for her husband which probably waked up her old septic focus . . . another peritonitis followed; another recurrence in a few years. She had had six attacks, either reinfection or recurrence in all, before a hysterectomy, salpingectomy and oophorectomy. Only the right ovary remained. After her hysterectomy, for four months, there was no desire at all; then a spasm of passion, then nothing more for four months; after that a gradual interest. A full bladder makes orgasm more likely. She says, "Women should be told this."

At forty-eight coitus was once a week and she felt her reactions very much improved. Once a week she would like to keep him within, one-half hour to an hour, three nights in succession; and on the fourth night can have two climaxes close together. Her physical trouble is in the feebleness of muscular contraction from the old pelvic floor damage ruining the levator muscles. Only strong pressure on the clitoris will bring a climax but she must also feel the penis inside the vagina at the same time. He doesn't enter until she is much excited or he would finish. He would want her as often as twice a week, while her desire



is once a fortnight unless she has had some stimulus such as opera or champagne or "something beautiful."

At fifty-one she has urethritis. At sixty-one she has become thin, and pallid. Hymen is two fingers, coitus is once a fortnight with normal desire and climax. She has no pain at entry but on deep reach it is "maddening," probably because of a short vagina. At sixty-two, dyspareunia is slightly improved.

*Case 16.* At thirty-four, patient comes for diagnosis of pregnancy. She married beneath her socially and was cast off by her family. His bringing up had been unlimited money, women, sport.

She was strong till she had a hard first labor with fever and delirium. Since then there have been two other children; kidney trouble of eleven years; three attacks of pneumonia; asthma.

Her sexual experience is that in childhood she was a tomboy. There was a nervous breakdown "from overstudy" before belated puberty; but it was at this age when she woke at midnight to find her father and mother having intercourse. It seemed brutal, low, animal, horrified her, their actions and speech threw her into convulsions. She never told. . . . Menstruation began later and, shocked at the appearance of blood, she sat in a pail of ice cold water to check it.

She was never conscious of the vulva till after early marriage. She was afraid at marriage. There was no pain, and penetration was delayed six days. Yet she was shocked throughout her system by defloration, couldn't look people in the eyes for a month—never wanted to be near her husband any more.

Until the first child, a small one, was born she had desire but never climax. Habit of intercourse had been twice or three times a week. After that, she was so torn they had no coitus for four or five months. From the first year to five years ago, desire grows stronger and stronger. It is now as strong as his and he is very passionate. There is an hour to two hours play three or four times a week. "I could lose my senses; have six or seven orgasms." She is still shy about nakedness, never would look at his genitals, but when excited likes to touch them; she prefers to have lights, nightdress on and sheet over, must begin by caresses of breasts. While it is best to be on her back at the finish, if he began this way it would revolt.

All this was ruined at a little after thirty-four by finding him unfaithful. There had been no change in his behavior and she did not suspect for two years. When she found it out, there was immediate

revulsion—no coitus was allowed for two years. At thirty-five she was worrying, feared she would commit suicide. At thirty-six, some response but "A door is closed. It can never be as it was before." He can arouse her and she has very strong desire, but less satisfaction than formerly, rarely a climax.

Some years later, following loss of both ovaries in a total hysterectomy for two very large cysts, she still keeps sex desire. He is very heavy but keeps vigor and prolonged erection. Coitus is once or twice a week, with orgasm for her. Once or twice a month she wakes quivering with passionate desire but would perish with shame to tell him. If her attempts to keep quiet wake him and he should ask her or try to start the play, revulsion occurs at once, "I couldn't, it's for him to begin." If he shortens his preliminaries it does not work—he must woo.

At this age she describes their procedure as follows: he brings home a lobster, as a little festivity. They proceed to eat it, he in pajamas, she in thin wrapper, lovers' words and nonsense and caresses ensue. When they go to bed they keep the lights lit and neither is ever fully undressed. To be naked would check her, touching her below the waist at first would drive it all away. It should be half an hour before he enters—usually the total play is an hour and a half to two hours. She has five to six orgasms, less than two would leave her unsatisfied. There is not much variety in posture, occasionally she lies above; rear entry has never been tried.



## CHAPTER XX

### SUMMARY

THIS BOOK records the sexual development of the socially normal over an extended period, quantitatively through statistics which attempt to give collective meaning, and qualitatively through case histories in which the individual speaks. Primarily a study of love and marriage the data begin with adolescent love and include the period of engagement, as well as those of separation, divorce and widowhood.

A gynecologist who studied the body as an exposition of the mind questioned the pelvic organs for documentary evidence of emotional experience and accumulated records about the sex life of woman in relation to health and personality. The wife of a professional man with two children, well-educated and urbanized, furnishes the typical case history. These personal stories form an exposition of the function of sexual power in women with instances of its creative expression and of its destructive course.

The plus and minus ratio of sexual adjustment in these marriages is as three is to two. The physical and human consequences of this degree of sexual balance gives evidence in the proportion of wives classified as frigid and passionate, adjusted without complaint, and maladjusted and in the incidence of both dyspareunia and unsatisfied desire.

Data about the control of fertility, behavior in coitus and incidence of disease are provided by a control group as well as the originals. Socially this is a history of the period from the nineties to contemporary life. Medically, it is a work of correlation between emotional and pelvic states.

THIS BOOK contains a topical analysis of the contents chronologically, chapter by chapter. Each chapter in turn is preceded by an abstract which gives its resumé compactly. Final summary, therefore, is brief:

It discusses in this order, first the purpose of the study and the type of woman observed; second, organization of the material

and the theory and premises upon which it works; third, the range of sexual results possible within the adjustment of marriage; fourth, possible deterrents to satisfactory adjustment as observed chiefly in exaggerated forms; fifth, as corroborated in neutral forms. Finally, the unified meaning even in apparent opposites in the field of sex.

## I

## PURPOSE, TYPE OF PERSON, AND METHOD OF OBSERVATION

This is a study of the sex side of the love and marriage experience of a thousand wives viewed by a physician who knew them all. Each narrative is, in the main, a lengthy continued story taken at intervals during married life, the average time of observation seven years; the extremes ranging from cases seen less than a year to those observed for over forty years and furnishing examples distributed at every point from childhood to old age.

The woman under observation is of the American cultural type. She is urban, of good family background and education, a homemaker with a child or two, married to a professional man of moderate income. The social and economic milieu represented averages well above the middle line of humanity in large cities. The inclusion of the few poor is balanced by the inclusion of the few very wealthy; and the few women of limited schooling are balanced by those having the doctor of philosophy degree.

The purpose of this inquiry is factual knowledge about the sexual adjustment in marriage of wife and husband of this type. What are the ordinary measures of success and failure in sexual adjustment? What are the results of each? What is the meaning of sexual adjustment for fertility? For life outside of fertility? for the solemnizing of matrimony? for its legal dissolution?

These speculations incline toward the border of spiritual fact. This book considers them from the standpoint of physical origin. The material studied was the case histories of a gynecologist and obstetrician, as drawn from about four thousand records of married women seen in private practice.

As an anatomist and as a surgeon he was accustomed to getting information directly from the physical make-up. Life revealed



itself in anatomical and physiological expression just as it is written on the face and in the eyes. When the pelvic structures looked one way or another, the doctor developed some working theories to correlate with questions about the emotional life. These questions brought answers; more questions, more answers. It therefore came about that data of the body, the mind and the emotional life were all collected together—always proceeding from body to mind. Stories of intensive personal experience were thus collected for about a quarter of all the married women patients, the others remaining simply medical case histories. It is characteristic of the fuller psychological history that it began during a time of crisis in the patient and was frequently continued during periods of emotional stress. It therefore specializes in the acute condition.

Since the outsider's first question about this material is, "Are these women normal?" the evidence on this point is submitted before proceeding to the evidence about sexual capacity. The following are the facts about their health:

One-half first came to the doctor for problems of childbearing, one quarter for pelvic growths and inflammations, the remainder for miscellaneous causes presumed to be of pelvic origin. Acute illness is not usual, and so far as is known, only seven are dead. Menstrual disturbance (usually minor) is noted in about every other one. Fifty-six per cent are pronounced by the doctor as in good general health, or are presumed to be in good health since there are no complaints or entries to the contrary. Twenty-seven per cent are below par, chiefly with nervousness of varying degrees; this includes those with minor chronic disability such as the apparently arrested tuberculous patient. The remaining seventeen per cent are seriously impaired in health; of these some are of varying degrees of nervous disorder and seventy are mentally disturbed; fifty-four cases of psychoses, four of epilepsy and twelve of insanity to the point of segregation at some time, or one case of institutional insanity in 91 cases. The total incidence of venereal disease, usually gonorrhea, is ninety-four times in 1,098 cases—or one in twelve.

This incidence of mental and venereal disease is not com-

parable with published estimates for total population because the base of computation is different. But the state's expectation of mental disease to the point of hospitalization for native-born females approximates four cases per hundred.<sup>1</sup>

Without statistical comparability, it appears that on this point, the patients are rather better off than the run of humanity. There is no way of establishing precise degrees of mental stability. The material demonstrates amply that the group is socially normal in the ordinary relationships of work and life. The general conclusion is that persons of prolonged education, with the usual background of such persons, dominate; so that it represents what casual description would call a superior type.

The desire for fertility furnishes the most abundant of all the data. The first child was born at about twenty-six and a half and the typical woman wanted more. Fear of pregnancy is a difficulty in mating with three hundred couples; and abstinence from sexual union for prolonged periods is customary, for this reason, in forty-two cases. Conception is usually controlled throughout the series; precise accounts of methods of control are told by two hundred twenty-nine wives.

The average fertility, taking women over forty as the norm is 224 pregnancies per 100 women, of which 63 resulted in abortions and 161 in living children. These are skewed data, since gynecological practice always has a large percentage of women coming for sterility, about 25 per cent as against 10 to 15 per cent in the general population. A class known to be low in fertility is not strictly comparable with the census or other available figures. It is suggestive, though not comparable, to read at the same time birth statistics from similar social groups: \*

The fertility of 2,294 Vassar alumnae published in 1924 and 4,550 Smith alumnae published in 1926—is estimated as 190 children per 100 married graduates; that of 10,636 Harvard alumni published in 1926 is 210 children per 100 married men. These alumni figures include reports of unfinished families. The

<sup>1</sup> Pollock and Malzberg, *Mental Hygiene*, Vol. XIII, No. 1, January 1929, p. 132.



fertility of men of *Who's Who* calibre is now estimated at about 2.7 per capita.<sup>2</sup>

Sterility was the cause for many first consultations. One-third of all wives bore no living child. The causal factors of sterility even in a given case are from two to four, and are too multiple to be here considered; so far as known they distribute in this series with fair evenness between husband and wife. Health and nervous balance make no difference in fertility; but there is some tendency for coldness in the love relation to show on the side of the less fertile, and for the satisfactory or at least the not-complaining marriage to show more children.

## II

### CLASSIFICATION, THEORY AND PREMISES

Turning now to precise classification of the cases in the simplest form, 820 women were married and living with their husbands, forty were widowed, forty were separated or divorced and 200 were added later as a control group. Of those living with the husband, fifty brides are excluded and the remaining 770 have been checked on many points, first on the single question—"Is the marriage sexually satisfactory?"

In round numbers the answer to this question is distributed in a fifty-fifty ratio. Widows and the separated may also be excluded, since the first look at marriage as past happiness and the second have ended it. This means that 365 made no complaint of any kind and that thirty can be distributed sometimes yes, sometimes no; the remaining 375 were willing to discuss with the doctor what they thought was wrong. This showing rather loosely approximates comment on the marital status as "Every even number is presumed to be satisfactory; every odd one is open to question." This steadying distribution of numbers is the background against which all other facts must be placed.

Within the group of those couples dissatisfied with their sexual adjustment are three classes; those in the early stage of experi-

<sup>2</sup> The Builders of America, Ellsworth Huntington and Leon F. Whitney, William Morrow and Co., New York, 1927.

ment, those who want more sexual experience than they are having, and those who want less or at least want less from the available source in the habitual form.

This attitude and decision grow out of a characteristic sexual practice. Therefore, before considering these situations in full, the ordinary data about sexual practice are observed.

The average frequency of coitus, ascertained in 526 couples, is the familiar "twice a week;" but this average is made up of instances ranging widely: from sixteen per cent reporting "daily or oftener" to eleven per cent reporting "yearly or less." Three quarters of all reported coitus at least once a week, with the single largest group twenty-three per cent, as "two or three times."

The habitual duration of intromission is an instant in twelve per cent, under five minutes in forty, five to ten minutes for thirty-four per cent, fifteen to twenty for seventeen, and half an hour or more for nine per cent.

Duration of orgasm averages under fifteen seconds.

The most frequent complaint is that the woman does not reach orgasm. In 310 cases reporting, more than a quarter had never experienced orgasm with the husband and fourteen per cent were having it only "rarely" or "not now." This is to say that in any five women, two had it, two did not, one had it "sometimes."

The habit of not-orgasm has as corollary some grade of negative feeling which eventually turns against coitus, perhaps also against the husband, in other aspects of marriage. Counting the attitude toward coitus of over three hundred cases, it is positive (pleasurable, pleasant, agreeable) 102 times, and negative (indifference, dread, disgust, revulsion) in 227 instances.

These 227 records of a lack of satisfaction and its results furnished evidence for medical study of the emotional life, beginning with the anatomical-emotional inferences upon which inquiry was based. In summary, these are the premises employed:

The hymen, vulva and vagina are believed by the gynecologist to document sex practice to a degree sufficient to give clues about both auto-erotism and coitus. The hymen admitting no more than one adult digit full length is that of anatomical virginity;



the introitus of coitus admits the whole of two fingers of the average male size; that of less than this dimension in marriage, or that of lessening dimensions in a series of observations indicates a lessening frequency of coitus or a degree of male impotence or feebleness. Increasing as well as diminishing distensibility, other things being equal, is an index to coital behavior. The untorn hymen of the worn-down edge, easily outrolled, means vigor and quantity; the introitus of the nullipara, taking four fingers to the whole hand, may go beyond the possibilities of the phallus and suggest prolonged manualization. In all the foregoing, it is understood that douche, pessary and prolonged gynecological treatment with a full-sized speculum will cause some of the same modifications as sex practice.

The vulva records in labial corrugations, enlargements and varicosities; the clitoris in range of excursion, the muscles of the pelvic floor in reactions or relaxations; the mammary gland tissues in chronic thickening, the story of years of active self-excitation both as contemporary practice and as historic development.

The vaginal measurements furnish a correlation to the verbal narrative of coitus, giving some evidence about posture, frequency, method, coital response, and capacity for retention of semen in the woman.

These anatomical indications and those modified expressions of them which show in pelvic organs exhibiting erotic signs at gynecological examination serve either to corroborate, or cast doubt upon the patient's verbal record.

### III

#### SEXUAL VARIANTS WITHIN MARRIAGE

The division of these marriage groups into experimental, affirmative and negative stages of sexual adjustment excludes the first for the moment and divides the others into two parts quantitatively equal, upon which the facts range themselves, about as follows:

The essential element for happy and complete union shows in

the repeated desire of 1,098 women for sexual expression. Any case followed for a reasonable length of time exhibits some form of sex feeling, either actively, passively, as a wish, or even as a hatred. To follow the behavior of personality historically, and to trace the reasons for its evolution and reactions, is to find some degree of capacity for passion in every instance where time and pains have been given to the search.

Thirty women, who by their statement and acts, were passionate beyond the average, give the most thought-provoking statement of adjustment to the conditions of married life. Described as of high general capacity, nearly all are mothers and except as adultery is admitted, they conform to the social conventions. Ignoring the cases merely thwarted in passion because the husband did not match them, attention is drawn to those who may have a genuinely high sexual endowment. Their accounts of passion explain and amplify desire. They reveal the color, texture and stature of an experience which must be considered not merely as the expression of their uniqueness, but broadly as a revelation of life. Clues about the feelings and behavior of the less articulate and the anti-passionate begin here.

The 365 wives who are adjusted without complaint to marriage include one hundred of the sterile but even so show a little more than the median of fertility: 1.70 children per capita in the after-forty age group. Coitus proceeds in a semi-weekly rhythm. Twelve per cent of 164 cases report entire lack of experience of orgasm. Two cases of adultery on the part of the wife appear. The history deals chiefly with objective factors. The patient does not come to the doctor about moral problems or personal affairs, but for professional help. The doctor and patient relationship is confined largely to the factual.

The 375 wives who are on the negative side in marriage consist of 100 diagnosed as frigid, 175 who had dyspareunia and 100 who were maladjusted, usually with strongly worded grievance toward the husband or marriage. These are less fertile women. Only 26 per cent of them have two or more living children, while in the first group 40 per cent have that number. Also they are the less expressive sexually. Coitus proceeds in a rhythm of



once to twice a week and thirty-four per cent of 244 cases report absence of orgasm with the husband. The histories, contrary to the others, are packed with the subjective and are the longest in the series. The patient frequently feels spiritually isolated, and is trying to get from the doctor wherewithal to strengthen the foundations of life.

The difference between the frigid, maladjusted and dyspareunic patient after the cases of physical dyspareunia caused by local inflammation or anatomical difficulty have been excluded, is one of degree in assertion on the negative side. She does not want the pattern of intercourse with which she has become familiar because it is not interesting and does not end well; it leaves her feeling badly afterward. She may say this verbally or with the introitus; may act it; may, when she means this, act in some other way; may inhibit sensation and inner release although going through external compliance. Her husband lacks perhaps in personal qualities, in vigor and staying power, but certainly lacks the technical skill necessary to change this response.

No organic basis, and no functional basis except in the scattered cases of low vitality, fatigue, family care, great spiritual emergency or temporary pelvic indisposition, can be established for this proportion of sexual coldness. It records a sex experience usually limited to the husband and the total meaning of the woman's elaborate recoil seems to be that she thought she was going to be loved by a man of her own nature. Now, in this aspect of marriage and sometimes in others it appears that she is not.

Separated and divorced wives should be added to this category. In forty broken marriages, counting children and other partners, one hundred and sixty-five persons are concerned. The records of the fertility of the separated are lower when compared with the norm. Coitus was unsatisfactory. Peace and confidence never blotted out the memory of sexual shock received before marriage and perpetuated by repetition. The conspicuous difference between this and other groups is the relatively high incidence of venereal disease, sixteen cases, and of adultery, twenty-seven cases.

## IV

## DETERRENTS TO SEXUAL ADJUSTMENT

Complaints about relatives, money, work, management of the children and the home are here minimized in favor of the sexual story. They appear only very early before the bride is used to marriage or very late after she has rejected the husband on other counts.

At the root of that difficulty in woman which can not break down resistance and freely enter into the life of another person there is much evidence of fear. Some impact upon the sex side of life to the child or to the little girl lasts forever. Married women at all ages say that they can not get over the effect of first menses, first ugly news about sex; accident to friend, sister or mother; the first departure from the cautions made on a religious or ethical basis; the husband's first approach, first coitus, male genitals, semen, and knowledge of male sexuality.

This psychic imprint reappears as apprehension, general or specific, not necessarily having anything obvious to do with sex, or it appears as sexual hesitation. Sex is rated as esthetically or morally lower than the rest of life, manual contact lower than phallic contact, and coitus in the light, lower than in the dark. The patient avoids sexual experience at whatever point she is unable to dissolve fear, perhaps even at the initiation.

The effect of extensive educational and religious background, or rather of these influences together with their concomitants, is toward the cultural taboos of fear, withdrawal and isolation. A selection of one hundred and fourteen cases, college graduates, Jewish and Roman Catholic wives and wives of Protestant ministers, has 68 per cent of sexual maladjustment as compared to 34 per cent in the remaining nine hundred and eighty-four cases.

Before the organism is ready for union with another it has forms of sexual adventure on its own—and if ultimately disappointed in mating, it returns to the before-marriage state or devises compensations.

The simplest physical compensation for absent, delayed or incomplete coitus is auto-erotism, in the sense of concluding



the whole sexual cycle alone, by masturbation, day dreaming or any successful means of excitation. The records are that two out of three cases had had sometime experience of this sexual substitute. In 400 histories, there is no notation about auto-erotism, which may be read as "no anatomical signs, no statement." The remaining are divided as seventy-four women who showed definite signs of former habit, 335 the signs of continuing habit and 286 who had the signs and stated the practice either now or formerly.

Individual accounts of auto-erotism occur in the control group and in those who are supposedly adjusted to marriage and are not by any means confined to those who are negative in love. Their fluctuations may be traced from girlhood, through various phases of marital development to a maximum sometimes in pregnancy, sometimes in widowhood, sometimes when the husband is unfaithful or for other reasons there is no intercourse. The characteristic reported experience has an accompanying play of the imagination, and is followed by and associated with a sense of shame. Summarizing, the evidence is that auto-erotism is typical experience but that its continuance in marriage is exceptional.

Compensation for love impulses thwarted in marriage does not necessarily take the form of requiring physical satisfaction. To atone for spiritual loneliness, compensation magnifies the personality by extraordinary egotism and by material acquisition. Of these attempts, fear, girlish ways, gourmandism, the arts, religion, morals, culture, social and political "causes," the over-assumption of family responsibility, worry and financial extravagance are indications told in about 250 cases. Illness in many forms, especially nervous preoccupation with the self, is an indication noted particularly 128 times.

Love for others and attraction for other men are noted less frequently; including the accounts of unconfessed attraction, between fifty to sixty incidents are reported.

From the long practice of premarital instruction the more recent impressions, not yet tabulated, run as follows: compared with previous decades, in the last eight or ten years, there are fewer

inhibitions and shocks; during engagement great frankness and frequent rousings and sex play short of entry; after marriage bettered technique and fuller response; general knowledge of control of conception with its removal of fear of accidental pregnancy, yet with little diminution of desire for as many children as finances and health will permit, with provision for an interval between marriage and first pregnancy. All the foregoing are without change in the proportion of devoted love. Coital experimentation before marriage, or formal engagement, has increased. There are more open liaisons, often enduring over long periods, but anything like promiscuity, by either men or women, is very rarely found in the group which the study represents.

## V

CORROBORATION OF THE THE POSITIVE AND NEGATIVE  
BY THE NEUTRAL

All of the foregoing story of the values of sexual desire, its variations and especially its extremes is corroborated by the evidence of those most near the neutral. Neutral in this sense means only those who gave no sexual history of their marriage or who may be excluded because they are at the beginning or end of marital experience: the brides, the widows and the control group.

The bride who seems typical is in a state of erotic confusion. In the redirection of romantic desire into the channels in which it may now be expressed, all the difficulties of pioneering and of re-organization are inherent.

The sexual technique of two average people appears as a matter of time and growth which has to overcome fear and hesitation and to break down as much as may be of the barriers of individualism. In spite of what good intention can do, there is a period of vacillation and uncertainty. Frequently these women still keep their own secrets from the man and are responsive with the intelligence but not with the instincts. Seventeen of the fifty brides under discussion had not reached orgasm and



their love interests seemed to be freezing into a period of regression.

The forty widows, widowed some ten or twelve years, are on the side of happy adjustment in marriage. The sexual experience is commonly a delightful memory recalled as of greater than average frequency and intensity. Sexual desire persists, perhaps to the point of taking a lover against better judgment, but idealization of the husband prevents re-marriage.

The control group of two hundred cases drawn from the medical history files by statistical methods was originally made for comparison with two hundred cases of the sexually unhappy, the frigid and the maladjusted. These control histories lack question, comment or attempt to get the sexual story but practically they seem quite like the other cases. They are rather less prosperous, their health is a little less satisfactory, their fertility a little higher, 1.89 children per capita in the over forty group. One in four stated some problem of sexual maladjustment, inclining toward coldness and alienation. The emotional tone of the narratives is less assertive than in the sex histories but conveys the same impression.

## VI

### AMBIVALENCE OF SEXUAL POWER

In this series of records of woman's sexual experience, accounts of passion and frigidity move together as a dual force. The highly developed organism which can build up a romantic tower of passion may build up also a romantic wall of inhibition. Until feeling overcomes this wall it constitutes the perpetual middle with no certainty as to which way it will incline. Will she be passionate? Frigid? Alternating between?

In other words, the power of sexual capacity may turn into either affirmative sexual expression or the negation of that expression. It is not solely a property resident in the body, but is also a response, communicative only upon the terms of its own nature. These are the grounds upon which passion and frigidity are essentially a unit, the reverse sides of the same element.

## CONCLUSIONS

*I. From the Objective Data.* In these records, evidence which is not dependent on opinion is available upon the following points:

1. The patient and her husband are a representative cross section of one type of American society—the educated, urban couple, socially normal, the wife in good general health, but needing the advice of an obstetrician or gynecologist.
2. The woman has a capacity for sexual desire, lifelong, inconsistent and fluctuating, and found in every individual fully studied. It may eventuate as serene and creative or thwarted and destructive. The manifestations of this desire and her ability to turn them to happy issues are extraordinarily dependent upon her early life.
3. Fertility has an important psycho-sexual correlation with coitus, since, in an emerged type where the woman has a relatively high degree of independence, it tends to vary as the sexual harmony varies.
4. Even where there are no children, complete unity in marriage depends on sexual unity. Sexual creativeness, its nuances, growth and development are reflected in other phases of life.
5. Sexual abstinence in marriage is ordinarily impracticable. It has the effect of driving sexual power back into the self. Its re-emergence is through refractions of egotism which are a personal and social risk. The refractions typical of this series take the direction of idiosyncrasy of opinion or act, derangement of health or disturbance of the emotional life. It is practiced from conviction in about two per cent of this series.
6. While intimate sex relations are most acceptable to women in terms of the total personality, there is a definite physical technique kept perfect only through experiment.  
• The physical difficulty typical of these couples is that their common knowledge and the husband's technique are not adequate.



There is also a definite psychological technique of surmounting barriers and entering into the feelings of another. The psychological difficulty of these couples is the inability to unify sex with the rest of life or to recognize truth as a part of sexual creativeness.

7. Evidence is presented of an anatomical index to the sexual habit.
8. The sexual difficulties are infrequently organic in the woman and save in exceptional cases, not functional. They are variants of mental and emotional behavior.

*II. From the Subjective Data.* Expression of emotion is an unsatisfactory vehicle for scientific conclusions. It raises questions, not answers. Furthermore, there are limitations to be acknowledged in a study of a woman in relation to a man, her husband, observed through the medium of a second man, her doctor.

1. This material is a picture of the life of a period. Its data on the emotional side of life are a comment on mentality and health. It is important in checking the validity of evidence of high emotional zones. Is it "true" or is it primitive poetry and folk tale? Whether it is true is not so significant as that it is told in this way. That the patient made these statements rather than others is the first clue for our understanding.
2. As teaching material, the burden of painful introspection as revealed in this series has a human effectiveness which deductions and principles cannot carry. Such evidence does not lend itself to generalization. It is vicarious experience offered to whomsoever understands it. Possible shock from such vicarious experience tends to disappear in proportion to the assimilation of facts. Knowledge is innocent. The long-time observer finds innocence again, and the residue in the mind is creative.
3. The book evokes the emotion it portrays and is likely to take its place as one of the studies of unhappiness in marriage.

*This is not statistically true. Figures deny it. It is true only in so far as the intense quality of the material dominates quantitative statement.*

The cry of anguish echoes after the cure is forgotten. What would the unhappy say if an equal amount of time and patience were spent in learning about their life's happiness? Theoretically, the voice of rebellion must not be allowed to win, since it comes from only half the cases. Practically, unhappiness must also be accepted, since marriage is not a cure for personality and can not be better than life.

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From the point of view of the physician, we might add: the sole method for planning intelligent prevention and treatment of maladjustment in marriage, is systematic study of case histories of success and failure. Although in this series, only four per cent came to the point of divorce or separation, nearly half showed some degree of difficulty: one-sixth had considerable persistent distress in intercourse; eighteen wives were long-time married virgins, not from impotence, but from ignorance. Moreover, we must not forget that of the maladjustments here shown, many are passing or relievable, and *most are preventable*.

To define disorders specifically is the first step toward a program of forestalling them: in this case, by sex education of parents and educators, of children and adolescents and engaged couples; and by careful premarital examination, and by the prompt recognition that is necessary for cure.

We face a medical obligation toward further intensive inquiry and toward preparation of practical texts, and toward the training of a personnel equipped to conduct the marriage advice center, and to teach in the physicians' office chair.

The medical profession must do its part to prevent the preventable, and to further successful and stable unions.



**APPENDIX A**  
**PRELIMINARY CLINICAL HISTORY FORM**

## PRELIMINARY CLINICAL HISTORY

To be made out by the patient or family; the whole blank being looked over before any answers are written.

It is suggested that the second copy be filled out and kept by the patient as a part of her health record.

A good outline that covers both health and ill health, set down in proper order and sequence, filled in when one has leisure to search the memory for half forgotten facts, may exert an important influence in solving problems of diagnosis and treatment. Matters that appear to have no bearing on the present trouble are sometimes of material significance. The space following a question is often insufficient for adequate answer. On a blank sheet, preferably of about this size, one would answer, starting with the number that corresponds with the question. Words needed for answers may be underscored, (except under Family History) especially main symptoms. Help is to be asked of the doctor about questions that are not clearly understood.

Date.....

Name, Miss, Mrs. ....

Husband's name .....

Age..... Birthplace..... of Father .....

of Mother .....

Occupation..... Address in town.....

Telephone..... Address out of town .....

1. Chief Distress or Disturbance. What *symptoms* bring you to the doctor .....

2. Family History. Occurrence among grandparents, father, mother, uncles, aunts, brothers, sisters, and children, of consumption, cancer, invalidism, obesity, hemophilia ("bleeders"), diabetes, gout, rheumatism, nervous prostration, mental defects or derangement, epilepsy, paralysis, alcoholism, and general tendency to vigor or lack of vigor. Note also whether family is long lived or not, and which parent one "takes after." Write below.



3. **Personal History.** First give in outline here, then in detail further on under proper sections. State in actual sequence or order, with year or age as near as may be, any illnesses, weaknesses, accidents, falls, injuries, labors, miscarriages, operations. Name of doctor with each.

4. **General Health.** As child, vigorous, fair, delicate, poor, bad, often ill. As young girl.

After periods began..... Since marriage.....

Since childbirth..... Since operation.....

What is your present state of health as to strength, activity, weakness.....

Average weight.....	lb. lowest, and when.....	highest and when.....
Any long weight loss.....	Any surroundings that have affected your health.....	
Under what conditions health at its best.....		
<b>5. Occupation and Habits.</b> Childhood in town, country; long, short country vacations.....		
School until.....	college.....	health at school.....at college.....
Gymnasium and sports at school or college.....		
Outdoor life and habits, special expertness in athletics.....		
Have you disliked vigorous exercise, or been unable to take it.....		
Given it up.....	Favorite recreation, hobby or play.....	
Fresh air habits.....	wide open window at night.....	
Oversensitiveness to cold.....	thick or thin underclothes in winter.....	
Dependent upon corsets.....	Backache without them.....	Work done without them.....Ready made or to order.....
Bathing habits.....		
Nature of work formerly and now.....		
Enforced sitting.....	standing.....	fatigue.....
Number of hours at work.....	work at home.....	
House work.....		
Average vacation, summer only, scattered thro year.....	summer housekeeping.....	
How many cups of coffee a day.....	of tea.....	any alcohol.....morphine ever.....



Sleeping medicines.....	bromide, much.....	tonics.....
Any unpleasant peculiar effect from special food or medicines.....		
6. Eyes. Any examination.....	what diagnosis.....	by whom.....
Were glasses ordered.....	was headache said to be due to eye strain.....	and relieved.....
Are you wearing them.....	eyes ever protruding.....	
7. Throat, Nose, Ears, Chest. Frequent sore throat.....	tonsillitis or quinsy often.....	
Hay fever.....	asthma.....	frequent colds.....
Frequent very prolonged cough and when.....	bronchitis.....	loss of voice.....
Pneumonia.....	pleurisy.....	tuberculosis.....
Ever persistent elevation of temperature.....	under what doctors.....	ever spitting blood.....
	Prominence or enlargement of neck, or of glands of neck.....	
8. Heart and Blood Vessels. Have you had any disorder of the heart, what was it called.....		
When.....	how long.....	what doctor.....
Rheumatism, muscular, in joints, slight, severe, in bed, how long, when.....		
Ever marked shortness of breath climbing stairs or hills.....		
Fainting spells.....	palpitation.....	
Swelling of ankles.....	hands and feet cold.....	piles.....
Any tests of blood made.....		varicose veins of legs.....
Anemia.....	of blood pressure.....	

9. Kidney and Bladder. Ever said to be affected .....	by whom .....	when .....
Examinations of urine .....	what result .....	
Puffiness of lower eyelids. ....	swelling of legs. ....	of whole body. ....
Gravel, stone. ....	blood in urine .....	painful urination .....
Frequent urination. ....	how often at night. ....	by day. ....
When did this begin. ....	when at its worst. ....	what doctors. ....
Kidney loose, movable, belt. ....		
10. Skin. In good order. ....	oversensitive. ....	good surface circulation. ....
Perspiration, excessive. ....	skin dry. ....	pimples, where. ....
Redness of nose or face at periods. ....	eczema ever. ....	moles. ....
Hives. ....	other rashes. ....	itchings of surface, where. ....
11. Nervous System. As child nervous. ....	serene. ....	St. Vitus dance (chorea) .....
Any great nerve strain or breakdown, when, duration, treatment, sanitarium, worst features. Any shock .....		
At present easily tired, easily exhausted .....		
Headaches, frequent. ....	what part of head. ....	severe. ....



Upper spinal aches.....neuritis.....numbness.....  
 Sleep, good, fair.....poor.....to bed at what hour.....rise when.....  
 Frequency of loss of sleep.....from baby.....from society.....  
 Time of night wakeful.....  
 Convulsions.....hysterical.....when.....how often.....excitability.....  
 Loss of consciousness.....of control of speech.....of memory.....mental dullness.....  
 Ever much depressed in mind.....crying often.....losing interest in family and daily happenings.....  
 Ever given to apprehension.....of going out alone.....of sleeping alone.....  
 Irritability.....worry for insufficient causes.....  
 Special anxieties, big worries, financial, maternal, marital.....  
 Flushes began.....(dizziness).....  
 Backache began.....at its worst when.....whenever tired.....  
 Worse at period, only at period.....slight, severe, constant.....  
 In lower back on standing.....on turning in bed.....on stooping forward.....  
 12. **Digestion, Stomach, Bowels.** Teeth good.....good chewing teeth and opposite each other.....  
 Any pus about roots.....ever an abscess, bone abscess.....do you chew thoroughly.....  
 As child, digestion good, indifferent, poor.....in general how.....  
 Any serious trouble and when.....  
 Nausea.....vomiting.....pain after food or on empty stomach.....distension (gas).....  
 Stomach contents ever examined.....by whom.....X-ray.....when.....  
 Jaundice.....gall-stones.....appendicitis.....operation.....  
 Under whom.....treatment.....  
 Rupture (hernia).....sagging of stomach, of bowels.....

**Bowel Action** formerly, recently. Give full history of constipation or looseness, and treatment, by diet, exercise, belt, medicine, enemas, whether bowel movement ever examined, by whom.

Piles, fistula, fissure, treatment or operation.

13. **Miscellaneous.** Spinal disease or curvature..... round-shouldered..... flat feet, painful.  
Difficulty in walking.....

14. **Menstruation, etc.** In childhood any leucorrhœa, local irritation, bed wetting, accident to parts.....

Periods began at.....year. In the earlier years regular; irregular; painful; profuse; scanty; long gaps, leucorrhœa.....

Flow is now usually normal, scanty, profuse..... number of thick guards soaked in whole period.....

Color bright, brown, pale..... clots, gushes, membrane.....

Regular every.....days. Irregular, from.....days to.....

Last period, date..... on time, late; character as usual, scanty.....

**Pain,** dull, aching, cramp, drag, bearing down, slight, severe, constant, at intervals, lasting.....

Located in lower abdomen, in right, left groin, down thigh, in back.....

Began..... has increased, has been steady at periods since.....



Is present, is increased, before, during, after periods; worse from walking, working, bowel movement,.....

Leucorrhoea, milk white, yellow, clear, slight, free, only after periods: nap'vin or douche needed.....acute attack.....

15. **Marriage and Maternity.** Married.....years.....months; divorced.....living with husband

Number of children.....oldest.....youngest.....miscarriages.....

Operations after.....	spontaneous .....	last miscarriage.....
		fever.....

**Labors, describe first especially, long, hard, not hard, instruments, stitches, complications, fever, slow recovery.**

16. Amount of disability. Cannot walk, cannot work at period, confined to bed, ..... hours, ..... days at period.  
Cannot work at all since.....

Present illness or trouble began.....its supposed cause and history.....

## APPENDIX B

### SPECIMEN GYNECOLOGICAL-OBSTETRICAL CASE HISTORY

*Note:* The following is an exact transcription of a complete case history as described in Chapter I, except that sketches have been taken out of place and the more important assembled on separate pages, showing position and shapes of uterus, and so forth. (See drawings 1-33 Crosses in circles show where diagnoses and complications were ordered cross indexed, and the rubber stamp indicates where this was done.)

#### CASE 936A

##### *First year:*

15 Mr Wife of a professional man; age 29; fine character and heredity, hard working, cheerful, active in community interest. Always anemic, college overwork, nervous breakdown, amenorrhea after menorrhagia. Married 4 years, very anemic, miserable 4-5 years; dysmenorrhea, skips period when anemic, in bed three days with pain. Cured a year ago by Dr. K. (prominent gynecologist) but disregarded orders, going out during the following period, and had hemorrhage, much pain. Dr. K—— said another operation might be needed, then a dozen treatments. In autumn he said no operation; much better, but has backache if she does not go to bed one and one-half days—all right if she does. Duration of period 6-11 days.

No pregnancies. Very desirous of children. Nervous family. Bland's and hypophosphites do good—exercise and out doors; nine hours sleep. Leading internist said nervous indigestion but nothing organic, now safe; but weak digestion.

Menorrhagia, 8, 5, 2, 2 = 16-20 napkins in all but not all soaked. Sterility. (Indexed)

Retroversion (see drawing (1)) Dilatation does good, huge (2½ inch) soft rubber ring. Exercises by orthopedist prescribed.

28 Mr To exercise twice a week—exercises commenced today.

2 Ap Bad dreams and discomfort from ring; she took it out next day; uterus repositied (2); iodine and carbolic to canal, tampon.

8 Ap Iod. Carb. above int. os. 3 boroglyceride packs. Short anterior vaginal wall. (3)

12 Ap Reposition complete (4) Sound—2½ inches. She must stand discomfort—hard rubber, Emmett pessary, 3 inch.

27 Ap, Ridges—on body of uterus. (5) Much less flow: 1, 5, 1, 4 napkins = 11 in all.

27 My (6) Iod. carb. high, all right; 17 Je doing well (7) indigestion; may try for pregnancy, by taking pessary out, and before next visit may try to replace it.

4 S (8) Good July period but some pain. August very free flow. (In Adiron-dacks) ½" dilation; carb. iod.-zinc tampon; much stronger.



2D Eye strain—sent to Dr. A. (eye-man) blood examination; urine; cavity fair position, 3 inches, healthy, no tenderness, anemic, small lipoma below ant. sup. spine, left side. Only reason for sterility mechanical, or is the husband at fault?

Blood: red 4,720,000—white 5,400. Hemoglob. 80%, neutrophils 48%, small lymph. 43%, large 7%, eosinophils 2%. Her pelvic symptoms are much improved—no menorrhagia or backache. Is having basket ball at gymnasium.

*Second year:*

19 F Dec. 15 two days late, as usual in quantity. Jan. 15 free flow; not since; thinks she may be pregnant. (9) compressibility marked, Hegar; uterus hard thin-ridged, no bulge. Cannot tell if pregnant.

23 My Menses a month after they were due; big clots; next period easier than in a year. Spontaneous abortion.

Husband's semen, 7 hours later is swarming with active spermatozoa. Have tried à la vache. Examine day after period and examined semen in vagina of that morning.

30 My Cervical mucus alkaline—vaginal acid—alkaline tampon; no cause for sterility found, only possible peritonitis 6 years ago, from strawride at period. 3 days in bed, very severe pain, called ovaritis.

23 O Enlarged glands neck right side—has had some in groin a long time. No evidence of S (syphilis) or T.B. No cough. One uncle T.B. Colorless tinct. iodine on glands.

*Third year:*

15 J1 (10) Comfortably past the second period. Last unwell April 28. Due early February. Nurse; Jane Doe. Sterility Cure. Pregnancy due to rest in California.

12 O Hemoglob. 75%—Peptomanganate—Nov. 2, 80%. Tr. iron 16, Glycerine 50.

27 N Improved.

6 D Amber 1010; acid, no A, no S, 356 urea gr. 112 epithel. cells.

21 D Pelvis 30—27—d.c. good, small cervix, fairly elastic pelvic floor. Fundus 19.

22 D Regular urinalysis is entered, but is here omitted; normal except for brief glycosuria.

*Fourth year:*

17 Ja R.O.P. (11) Curious thin walled uterus and abdomen, utterly insensitive, like that of multipara. Head deep in pelvis, empty of soft parts; shoulder over pubes, yet breech dorsal to legs. Contractions under manipulation. May be well to manually dilate, in part, this little softened cervix.

7 F Attempt made to bore through cervix, failure.

7 F Sims posture, metal dilator—small Vorhees bag—20 hours but too little traction.

9 F On back, No. 2 Vorhees. 1½ hours produced fair pains when pulled on.

11 F 5 p.m. No. 3 bag; cervix 2½ inches distended—one hour hard pull, no pains really; anterior fontanelle very small—membranes loose, poor contractions, that is, I cannot persuade the uterus to contract by irritating or stretching cervix

or render the membranes taut. (12) A firm contraction ring is the probable reason why the head fails to descend. Is this the effect of the bag? 9:30—largest bag 3 inch, 4½ oz. bag passed, not pulled on. This produced the effect of steady contractions with some discomfort between.

12 F 3 a.m. Water let out to rest her. T. 98—pulse 80. Nervous chills. Left side and later kneeling. Does the bag (13) pulling external os to cervix, produce contraction above it? 6 a.m. bag refilled—some pains—bag out at 9; ruptured membranes, tough, loosened, not protruding, lacking elasticity; here is a wide open 3 inch cervix into which but not through which membranes stick, but no slide through cervix with pains. Right and anterior is a ledge—1 inch. Quinine, 10 gr. stry. 1/30, ergotol 1/3, at 1, 2 and 3 p.m. Kneeling posture brought the head around.

Delivery. It was by error that the tired nurse gave 3 quinine doses in all. 30 gr. quinine, 1/10 stry., little bottle ergotol, altogether. At 4, p.m. contractions beginning actively, at 5 very vigorously, both hearts good. Forceps after 5 p.m. Delivery 5:50—½ hour forceps—cord tight about neck. Chloroform by Dr. X. Double incision of soft cervix at vulva to junction. Episiotomy right sided and free. Suture of cervix, twenty day, No. 3 Van Horn gut, then of incision which had not enlarged, then one silkworm suture after placenta. (Firm uterus, quick placenta, no bleeding.) Girl (Mary)—8 lb. 19½ inches.

15 F Serene and well.

Baby, broncho-pneumonia 20th day. At one time resp. 145; marked physical signs, two bad days, long resolution, moist râles.

8 Ap Spinal rigidity 4th week. Sent to Dr. B—(Pediatrician) who says undoubted brain clot and gloomy prognosis. (See letter)

29 Ap Rigidity lasted ten to fourteen days, no vomiting, no temperature taken. Knee rigid, lay on side only, today no rigidity. Little uterus, thin pelvic floor.

18 O After 6 months, one bottle, now 3. Mother on Bland's. Baby all right.

#### *Fifth year:*

23 O Last unwell 30th of March, Due 4th. Ja. Nausea, no vomiting, working hard. (Nurse, Jane Doe) Relaxed, utterly relaxed uterus. L.O.A., heart and movements good. (Regular entries of urinalysis, here and subsequent, omitted, returns are normal.)

5 D R.O.P. lax abdomen, small hard cervix. Deliver without forceps.

#### *Sixth year:*

10 J Pains midnight.

10 Ja Pain began at midnight; active at 2 a.m., examined on arrival at 5 a.m. R.O.P., *thinnest of uteri*: feeble contractions, index could not enter thinned cervix. *Manual dilatation* three fingers, right side and kneeling 6 a.m. to 11 a.m. Thinner cervix short, inefficient pains. Trifling bulge of membranes. 4:30 to 5—completed the manual dilatation, a little chloroform.

*Rotation of head and body*—internal and external and expressio fetus. 5:30 strychn. 1/20; 30 m. ergotol by mouth. 5:40 spontaneous rupture of membranes—less than an hour brought strong pains, sluggish in onset, not continuous. 9:50



Up and down—little progress. 10 p.m. Stationary since six, but cervix softer. Forceps, mid pelvis, very light traction, quick—2 pains. (John) 8 lb.

Cervix, one stitch to the left—no perineal injury. Resuscitation not easy. Bird method best, mucus in larynx. Good condition after.

Went to the country at six weeks with pessary.

9 Mr Retroversion pessary.

16 Mr Good position

9 Ap Ring taken out by herself, ten days ago—ovary tender 3 inch ring.

18 Ap Comfort. Uses ring herself in country, intermittent use. (All March and April drawings omitted.)

1 D Tired—husband rheumatism; baby teething; child awakes 4 a.m. at one time slept 3-4 hours: bromide for child. Uterus small, not tender. Disregard retroversion; more sleep; anemic;—on West's tonic.

#### *Seventh year:*

1 Ap Has had good rest, but "bilious turns," "lump in stomach, bad taste," calomel and phosphate, and fasting does good, asks for examination. Retroversion. Anemic—starved—113½ dressed.

#### *Eighth year:*

21 Ap Pretty well, but underfed. Dr. C (pediatrist)—sent her to Dr. M (gastro-enterologist). At periods, one day in bed if backache. Hemoglobin 75%. Same retroversion, leave it alone. Return to Dr. M. Has never taken any precaution, yet only pregnant twice in 11 years. Avoidance of danger time and syringe at such times enough.

#### *Ninth year:*

26 O Last unwell June 8, 1909. As usual, but preceded by showing.

Due March 15: nausea began July 15, 2½ months, so she could take no exercise. Life, 3 weeks ago. Threat of miscarriage, 3 weeks ago moderate pains, put to bed ten days. Looks, standing, like 7 mos: fundus at navel. Fetal motions as in diagram. Hydramnion At first I thought vesicular mole. Twins? Not found. Drawing shows location of small head, and fetal motions.

10 N Feeling much stronger because not nauseated for a month. Much life felt. At five months is big enough for 5½ or so; not so excessive. Rather flabby, one child. Fundus no higher.

14 D Now 6 mos., 1 week. Baby right size. Vast gas accumulations and hydramnion; no edema; anemia: iron.

(Review shows first baby was 5 days over; induced—8 days late, 8 lb.; forceps; Second, 6 days over, manual dil. forceps, 8 lb. and difficult resuscitation. Induce 5-7 March.)

#### *Tenth year:*

5 F Winfield's salve did good to itching. Bandage a comfort but causes itching. Heart stimulant.

Extraordinary distension from diastasis of recti: much bigger than ever before.

Edema of skin: first impression is full time or twins, then one narrows it down

to hydramnion and gas and one child. (14) Pendulous abdomen. Will not go full time because of over distension.

17 F Better color. See drawings of twins: (15) (16).

24 F Head in pelvis. No other head or heart at two other examinations; best guess is twins, but can't prove it.

16 Mr Induction of Labor: Manual Edgar dilatation to 2½ inches. (18) Pain moderate, skipping an hour, and membranes on pelvic floor: 2 hours sleep. Contraction ring, thick, persisting, harder during pains, lopsided contraction ring same as last time. L.O.P.; sleep at night; nothing much done.

17 Mr Manual dilation, Harris method forceps Version, Twins 7½ and 5½ (George and James). Dr. E—giving chloroform, full fist dilation, some contraction ring persisting still this a.m., cervix thick, relaxed, edematous—membranes intact, then manual rotation of L.O.P., (17) nurse held fist on its chin through abdomen while I applied forceps; easy extraction, big cord, then ergot one hypo., 20 minutes wait for uterus to shut down and 2nd hypo., then version, uterus rather too firm, necessitating manual dilation of contraction ring; 2 inches; very thick and half way to navel. I ruptured the membranes, brought arm, then one and other leg, rotated to get second arm held above head, child gasping. *Extended head held by contraction ring*. Resuscitation rather slow. Uterus came down well. No bleeding after placenta. (See (19), drawing of double placenta.) Next time do the whole at one session before term. Eight inch diastasis of recti muscles.

7 My "Simply fine;" a little leucorrhea.

30 My Milk is giving out. Had pessary; cared for herself, in and out, since March; out three days. Fair uterus, high, try three weeks without ring. Not easily pregnant, 6, 2, 4 year gaps. Usually takes no precautions—I gave her some.

#### *Eleventh year:*

27 Ap Rather tired, soon to go away—withdrawal, she reaches climax. Abdominal wall relaxed, skin elastic. (20) Note big cervix, not eroded. Abdominal wall pulls forward four inches beyond the symphysis, easily.

15 S 3 weeks ago slight itching lower abdomen; used Winfield salve, also peroxide, followed by water; then salve failed; carbolic or peroxide.

Unwell last April 3, now over five months. A little cystocele—hysterical, depressed; much nausea—indigestion stayed—no food or drug idiosyncrasy except for peaches, not eaten raw lately. Papular erythema or eczema; kinderseife; bromide has done good.

1D Due 8th January—head presenting—extremely relaxed abdomen R.O.A.

#### *Twelfth year:*

12 Ja Casually called, she having some contractions 11 a.m., active pains 10 p.m. Nearly full dilation found at 11, with head 1 finger from pelvic floor.

R.O.A. She unwilling to bear down.

*Expressio fetus*, 12:15 to 1:30 sitting up. Good results, head well flexed and rotated on pelvic floor—rest, then whiskey, strychnine 1/15—, but after 1½ hour no progress, so low forceps.

13 Ja At 4 a.m. one single light pull brought baby all the way, 10 inch cord—boy (Haskell) 8-8½—no damage, quick placenta: chloroform by Dr. E—, who stayed



11 to 6. Then as she spurted, pituitrin which shut her down quickly. Ergotol teaspoonful. Thus in five hours active pain she brought it to pelvic floor and lacked the tiny push to finish. Lifting the uterus gave better contraction. No hemorrhage—no tear. Slow involution—great diastasis.

14 Mr Cystocele on pressure. Ring, 2½ inches.

8 Ap About the same.

*Thirteenth year:*

27 O Took ring out when baby 3 months old. Some leucorrhea, little lately—constipation; phenolax. Osteopathic treatment twice a week for 3 weeks—3 months treatment will cure her permanently, he says. Regular periods, somewhat excessive. Comes for depression without reason. Review shows:

(1) Retroversion (ventral fixation?)

(2) Laceration cervix, old—2½ inches across. (Amputate?) (Drawing Life size (21)).

(3) Laceration pelvic floor—old, mostly stretching. Rectocele marked, urethrocele, no cystocele. Left levator torn. (Drawing life size (22)).

(4) Diastasis of recti with hernia, two fingers wide (23) from 2½ inches above pubes to navel, then for 3 inches above navel, puckers and folds pull out 2 inches

17 D "Very, very much better." Nervousness due to continued indigestion relieved by osteopathy exercises and lacto-bacc. Cervix looks better.

*Fourteenth year:*

23 Ja Looked her over carefully. Pulse 60, heart right—blood-pressure lying 105-110. Retroversion; has always nearly fainted easily—not in two years. Before two years ago in close room or at dress maker used to have things turn black at times.

Report given to patient as follows:

"Mrs. .... has: a womb tipped over backward—retroversion: The mouth of the womb torn and greatly swollen; the outer passage greatly stretched and somewhat torn; the muscles of the front of the abdominal wall in the middle line that were spread apart 8 inches in late pregnancy are still an inch and more apart and permit bowel to protrude.

"Operations—either

Or

1) Curetting (scraping) for excessive periods

1) Removal of womb by the lower passage

2) Removal of mouth of womb

2) Repair of passage and external parts

3) Repair of injury to passage and repair of injury externally to perineum

3) Closure of gaping muscles and removal of skin without opening abdomen.

4) Fastening of womb into place by abdominal incision

4) Eyelid and eyebrow

5) Tying of tubes to prevent pregnancy

6) Closure of gaping muscles with removal of skin

7) Eyelid and eyebrow growths

8) Fatty tumor of thigh in front

The abdominal muscle work is desirable, but not urgent or as important as the rest, and would be omitted if patient was growing too tired.

Signed....."

11 F Age 42; at private hospital; *vaginal hysterectomy* (30) assisted by Drs. P. & J. with Dr. T, anesthetist. Dickinson two-suture method typical; ovaries O.K., they remain; bowel never seen; then perineorrhaphy, two suture, sub-cuticular (Dickinson) and Diastasis of recti operation. Excellent convalescence.

10 Ap Good scars. (31) Vast vagina. Some cystocele on straining and standing with tight corsets. Granulation nipped off vault; constipation has returned; suppositories act well: good body to perineum. (25)

4 My Constipation less—no oil needed, scars look very well, vast vagina, in Sims posture smooth, gaping. Remember, in relaxed women to narrow the entire vagina to two fingers tight. Neoferrin does well. (32)

6 N General enteroptosis, some tenderness in appendix region, slow rallying.

1 D Has been under Dr. D (gastroenterologist) discomfort in abdomen, sour taste, easy tired, needs a quiet day every few days. Magnesia by Dr. D—regulates the bowels. Has cut out meat and fish and fried foods. Can walk very little. Urged regular steady exercise—goes to Lakehurst. Good local condition; tennis, horseback, golf; kidneys well up; no appendix signs.

#### *Sixteenth year:*

Appendix and Gall bladder removed by general surgeon—70 small stones.

#### *Twenty-fourth year:*

19 Ap Weight 132. Since fall, *blood on coitus at times*—1-2 a week; no pain, leucorrhea slight, douche after coitus: bladder O.K. bowels, with care, regular. Scars O.K., no granulation; not a case of doctoring. Better under New Thought and Christian Science than under stomach specialist. Left Barthol. gland hard, not tender O.K. Vagina no rawness; 2 finger vagina (26); fair levator muscle, particularly right; no prolapse on pressure. (See lifesize (26); compare with 22) (Later, his urological test accounts for blood at coitus.)

#### *Twenty-seventh year:*

8 D Now 55—pain in various parts of the abdomen. Internist wants lower pelvic examination. Good scar, no weakness; nothing in pelvis. See diagram of vagina, 2 fing. full (26); introitus 2½ fingers (24). Vestibular glands, but no redness. Diagram of vulva, drawn from life, measured (27); vestibule is lop-sided, deep on one side almost flush on the left. (28) Very little contraction of levator; no cystocele; no rectocele in straining (compare 33 with 22); no sagging or protrusion on downward pressure; none in standing and straining. No return of diastasis. Handsome scar though pallid. (31).



⊕ Reposition



15 Mr

Vagina short out. wall, wide  
Shut other 4 fingers INDEXED  
Partial reposit. 2 1/2" S.T. ring

2 Ap's at dis comfort  
took out ring glyc  
3 tampons

8 ap

3 tampons  
bond. glyc.

12 ap Reposition  
complete

↓  
Cavity

2 1/2 in

H.T. (hard rubber) Even at  
(passing) 3 inch

⊕ INDEXED

27 Ap



ridge, median  
(section) much less flow  
Baflein 1, 5, 1, 4.

27 My



⊕ INDEXED  
ridges (confirmed)

17 JE

she may taking her

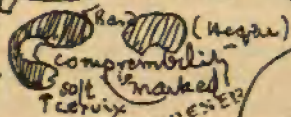
penary out & replace it

4 S



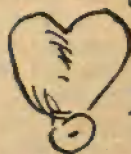
dilation (in office) 2 D

19 F



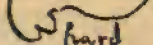
⊕ INDEXED  
comprehensibility  
soft  
Tactile

(hard) (negate)  
marked

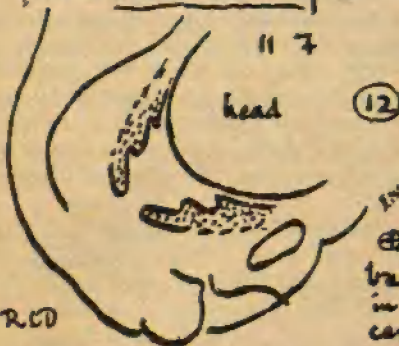


15 July

⊕ INDEXED  
Firm contraction ring



hard

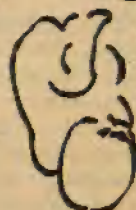


11 F

head

⊕ INDEXED

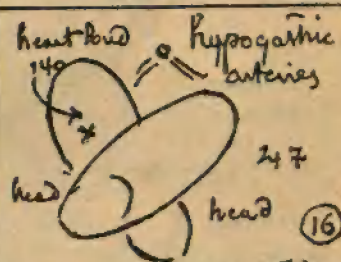
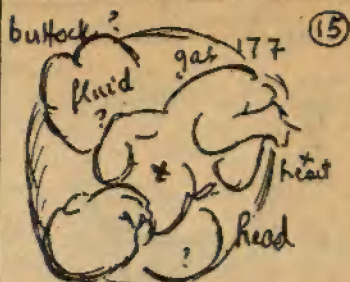
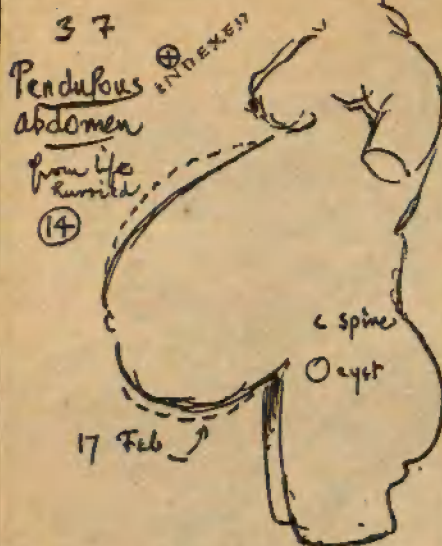
bag  
in  
cervix



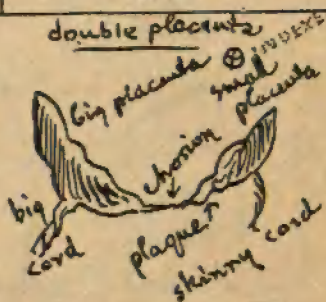
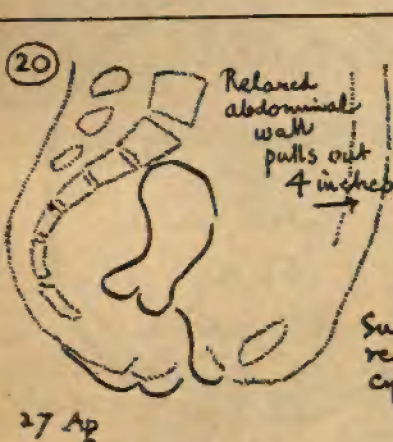
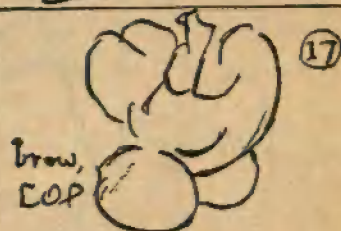
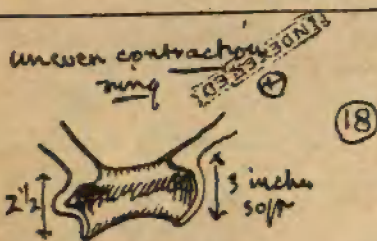
lost  
17  
Ja.

contraction  
ring above  
bag?

R.C.D.



Twining INDEXED



Subinvolution  
 retroversion  
 cytocele

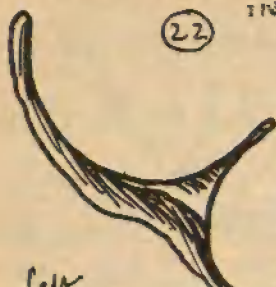
R.C.D.



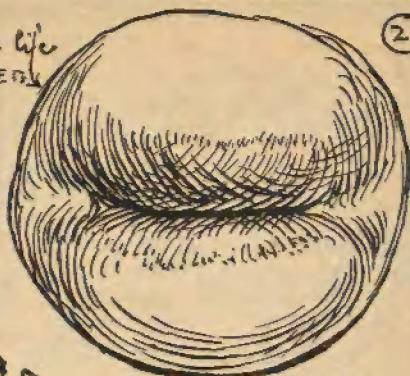
measured, drawn from life

INDEXED

(22)

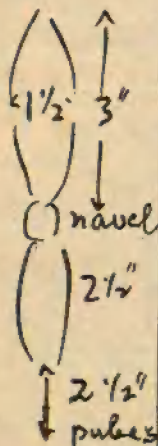


left  
levator  
torn



(21)

Diastasis of  
recti muscles  
⊗ INDEXED (23)



finger  
in  
rectocele

anus

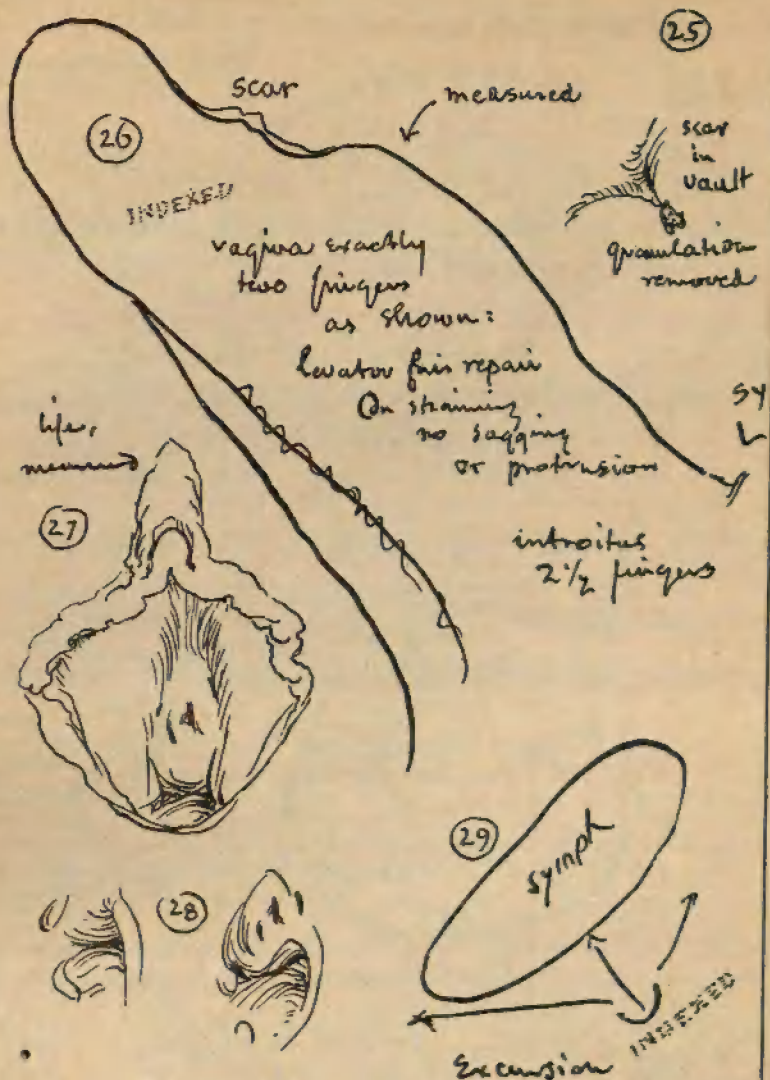
Cervix to symph.  
lying a 2 inches,  
standing. Straining  
1 1/2 in.

normal  
cervix

INDEXED

(24)

⊕ Distensibility  
of  
introitus  
55 mm.  
2 measures

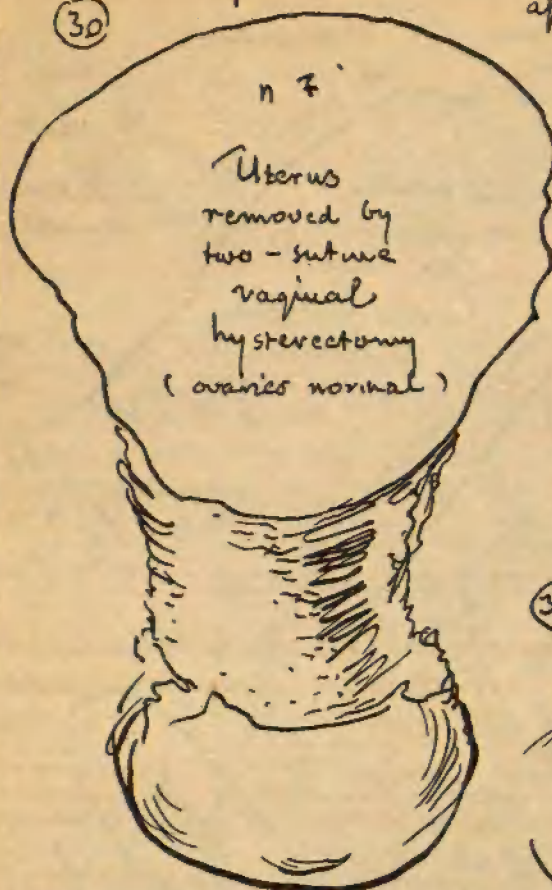


Samples of drawings used in all case histories, usually to scale or on rubber stamp; ⊕ means "index." when card cataloged, then stamped "indexed"



(traced from specimen immediately after operation)

(30)



Uterus  
removed by  
two-suture  
vaginal  
hysterectomy  
(ovaries normal)

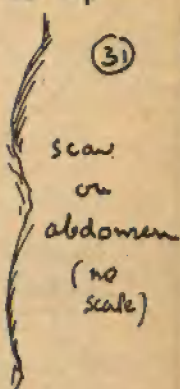
Cervix

(10 of the  
drawings  
are omitted)

R.L.

10 ap

(31)



scar  
on  
abdomen  
(no  
scale)

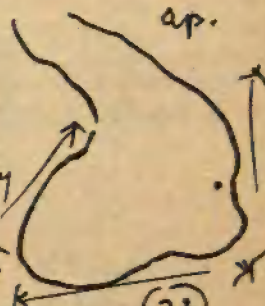
(32)



scar  
in  
vagina,  
Sims  
Speculum

ap.

perineal body  
measured:  
levator  
action for



(33)

# A TOPICAL ANALYSIS OF CHAPTERS

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